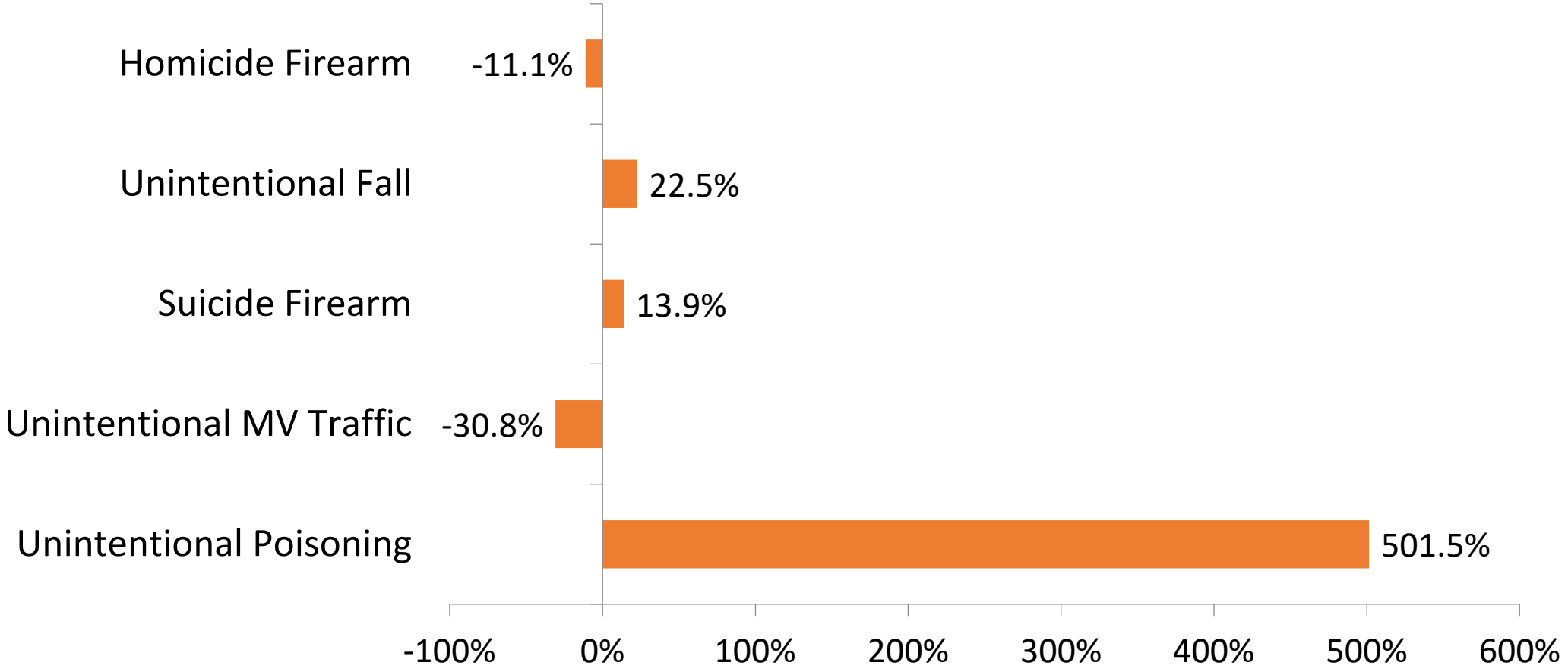
Richard M. Fairbanks School of Public Health at IUPUI

Mitigating the Impact of Opioid Misuse and Addiction on Hoosiers, Communities, and Public Health

Joan M. Duwve, MD, MPH
Associate Dean for Public Health Practice

Percent Change in Leading Causes of Injury Death*—Indiana, 1999–2009



*Age-adjusted rates

Source: CDC WISQARS

I Knew I Could Take Away the Pain – Taylor Newkirk

“I started using opioids around age 13. I tried them because I knew that I liked how prescription cough syrup felt and I was told they were the same drug. Also, they were easy to get at school.

When I got to high school, I was taking painkillers every day. I would check medicine cabinets everywhere I went. After a few years, the pills were getting harder to find and heroin showed up. I tried it for the first time. I started by snorting it, then by 21 I was using it intravenously.

I was on suboxone for going on four years and my doctor said he had to taper me off. I was fine until the day came that I wasn’t taking anything at all and withdrawal hit.

I knew I could take away the pain.

I got some heroin and did half of it. When I got home I did the rest of the 40 bag and all I remember is waking up on the bathroom floor covered in blood with my family and cops all around.”

No Matter What, He's My Child – Jackie Crane

"I was shocked! I could not believe I had a child who was using heroin. I was a nurse and never saw the signs. He lived with me….. We had a training session on how to administer Narcan®. We had several kits donated to our department and I took one home with me because I knew the kids knew people that were using heroin.

His grandmother called me and said she just got home and found Taylor unconscious on the bathroom floor.... I was so scared that I was going to watch my son die…. I called 911 and the dispatcher asked a million questions before sending the police. When the police arrived, they treated it like a crime scene investigation instead of the medical emergency that it was.

To know that your child is in jail in describable. You can't help them…when all you want to do is hug them….Another side of you is thankful that at least they are not using.

The stigma and shame attached to being a person with a substance use disease is hard enough to deal with, let alone dealing with the shame of being in jail for that action. I did not want to tell my family….I definitely didn't want anyone talking bad about Taylor.

No matter what, he's my child and I would do anything to protect him."

How the Epidemic of Drug Overdose Deaths Ripples Across America

By HAEYOUN PARK and MATTHEW BLOCH JAN. 19, 2016

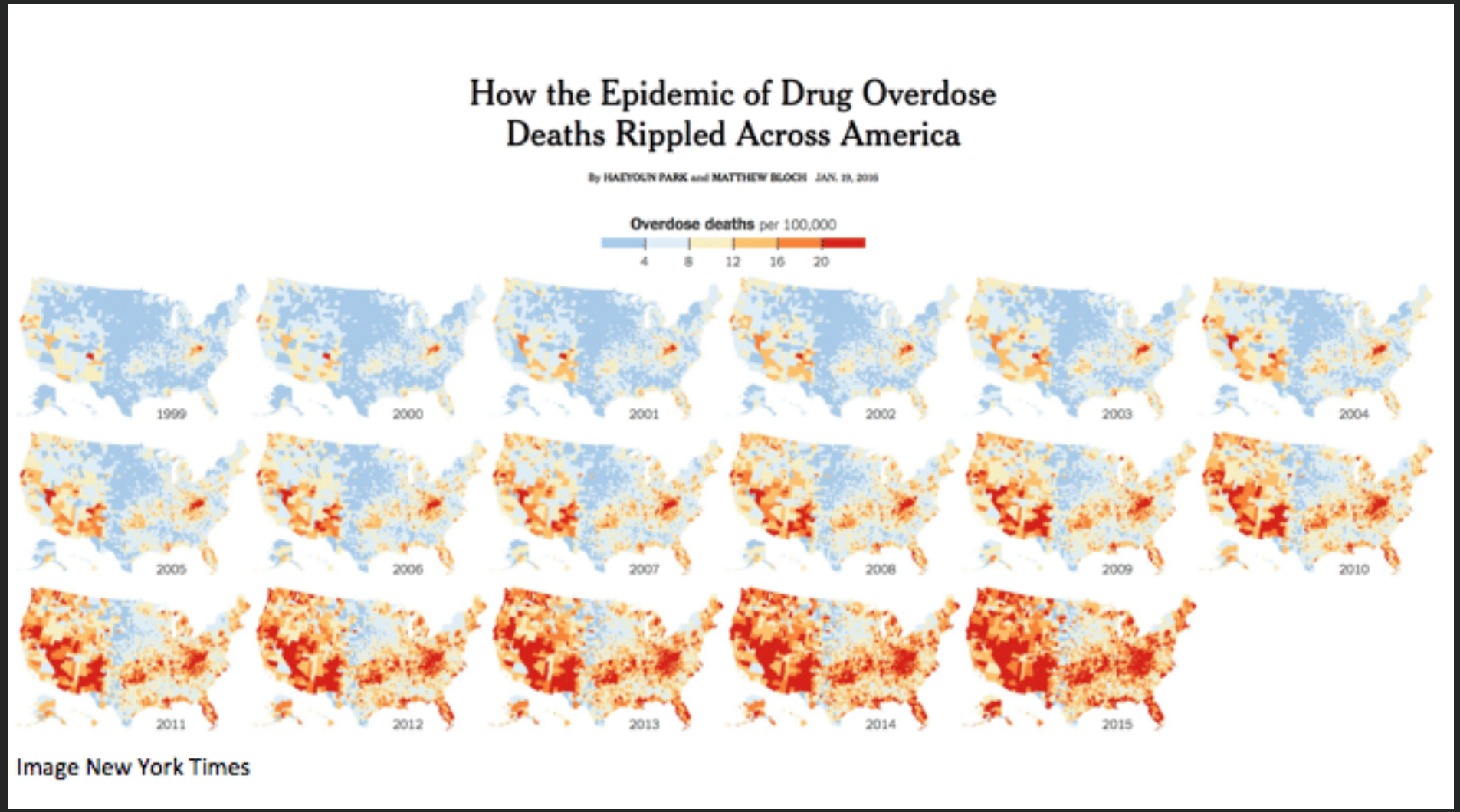


Image New York Times

https://www.nytimes.com/interactive/2016/01/07/us/drug-overdose-deaths-in-the-us.html?_r=0

Bleak New Estimates in Drug Epidemic: A Record 72,000 Overdose Deaths in 2017

Fentanyl is a big culprit, but there are also encouraging signs from states that have prioritized public health campaigns and addiction treatment.

By Margot Sanger-Katz

Aug. 15, 2018

120

Drug overdoses killed about 72,000 Americans last year, a record number that reflects a rise of around 10 percent, according to new preliminary estimates from the Centers for Disease Control. The death toll is higher than the peak yearly death totals from H.I.V., car crashes or gun deaths.

SHARE

Drug Deaths in America Are Rising Faster Than Ever

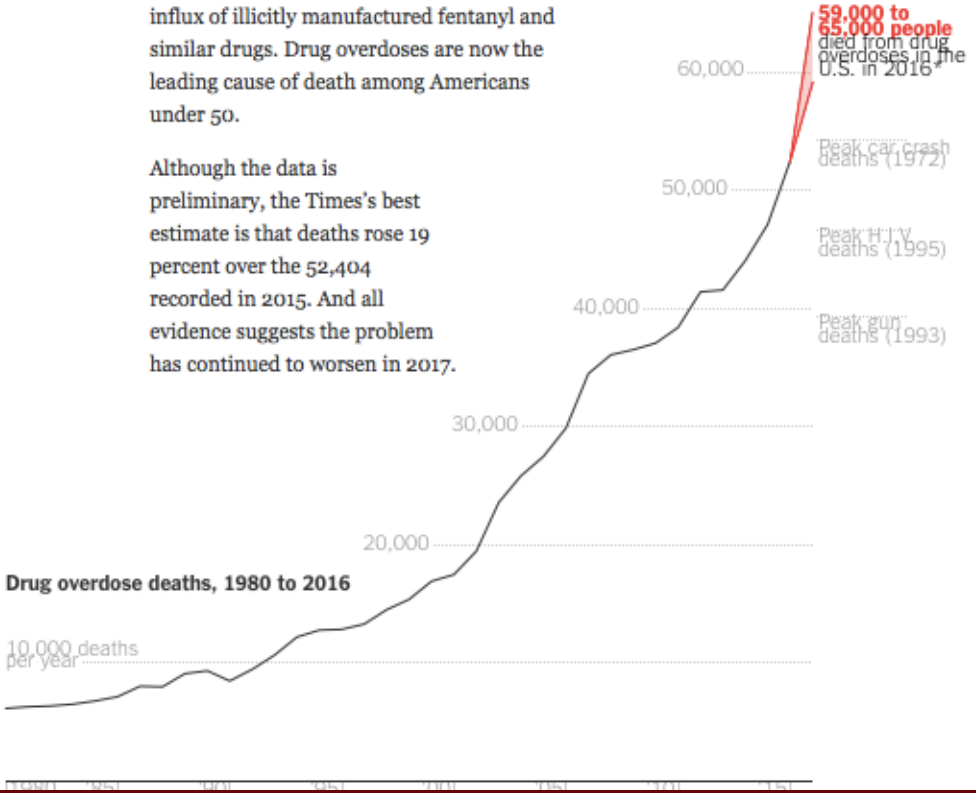
By **JOSH KATZ** JUNE 5, 2017

New data compiled from hundreds of health agencies reveals the extent of the drug overdose epidemic last year.

AKRON, Ohio — Drug overdose deaths in 2016 most likely exceeded 59,000, the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times.

The death count is the latest consequence of an escalating public health crisis: opioid addiction, now made more deadly by an influx of illicitly manufactured fentanyl and similar drugs. Drug overdoses are now the leading cause of death among Americans under 50.

Although the data is preliminary, the Times's best estimate is that deaths rose 19 percent over the 52,404 recorded in 2015. And all evidence suggests the problem has continued to worsen in 2017.



THE OPIOID EPIDEMIC BY THE NUMBERS

130+
People died every day from opioid-related drug overdoses[3]
(estimated)

11.4 m
People misused prescription opioids[1]

47,600
People died from overdosing on opioids[2]

2.1 million
People had an opioid use disorder[1]

886,000
People used heroin[1]

81,000
People used heroin for the first time[1]

2 million
People misused prescription opioids for the first time[1]

15,482
Deaths attributed to overdosing on heroin[2]

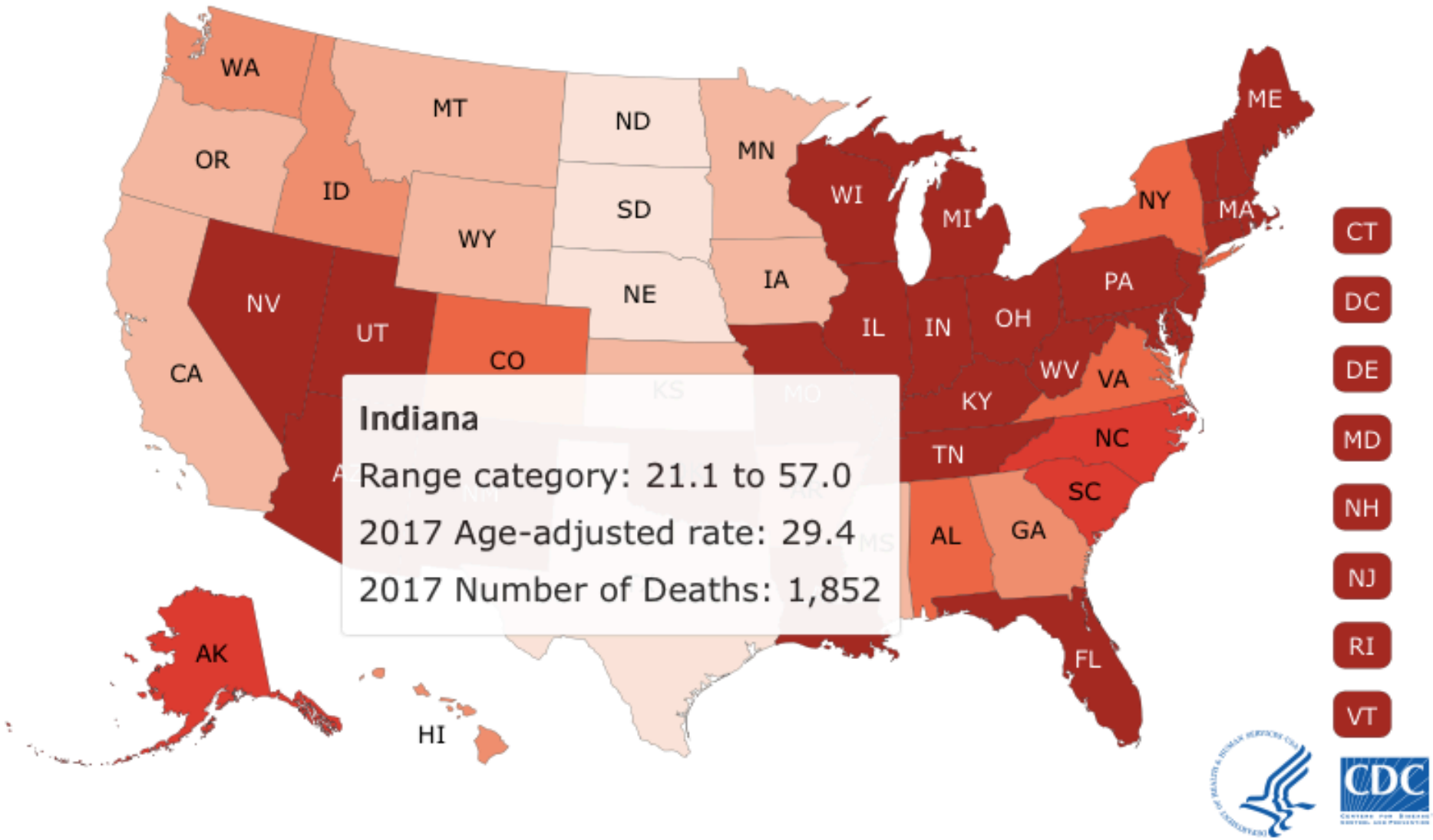
28,466
Deaths attributed to overdosing on synthetic opioids other than methadone[2]

SOURCES

1. 2017 National Survey on Drug Use and Health, Mortality in the United States, 2016
2. NCHS Data Brief No. 293, December 2017
3. NCHS, National Vital Statistics System. Estimates for 2017 and 2018 are based on provisional data.

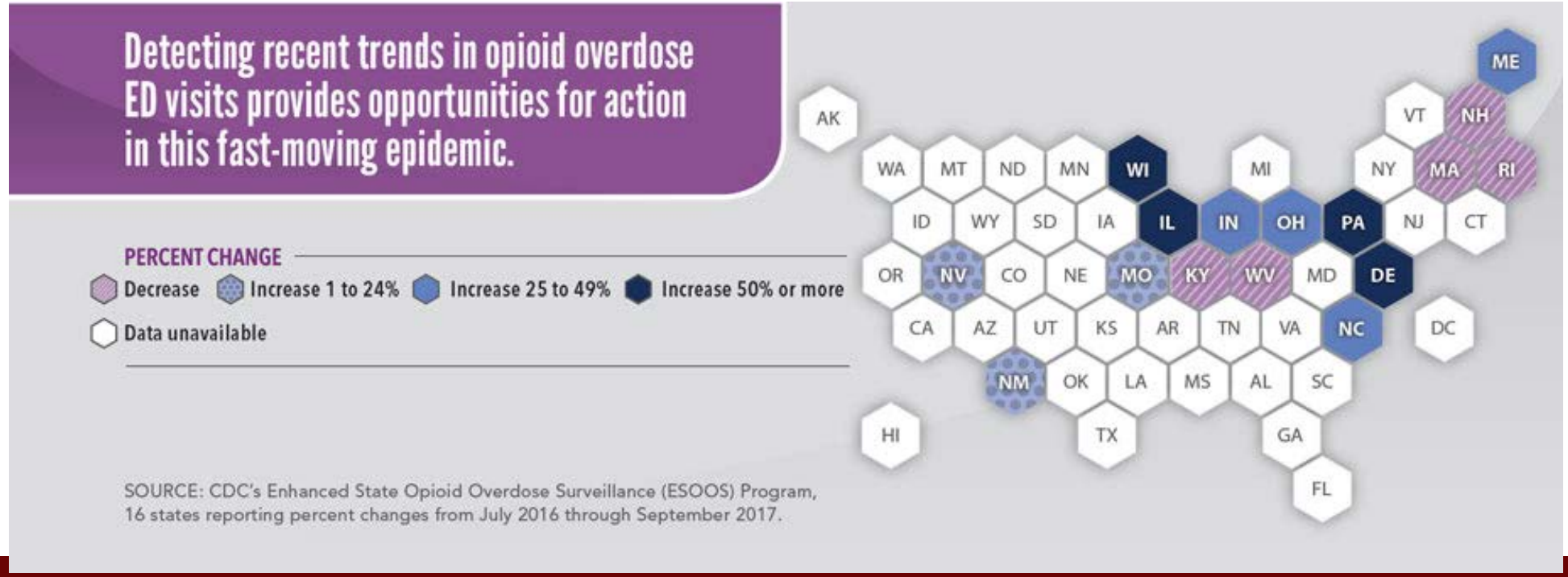
HHS.GOV/OPIOIDS

Number and age-adjusted rates of drug overdose deaths by state, US 2017



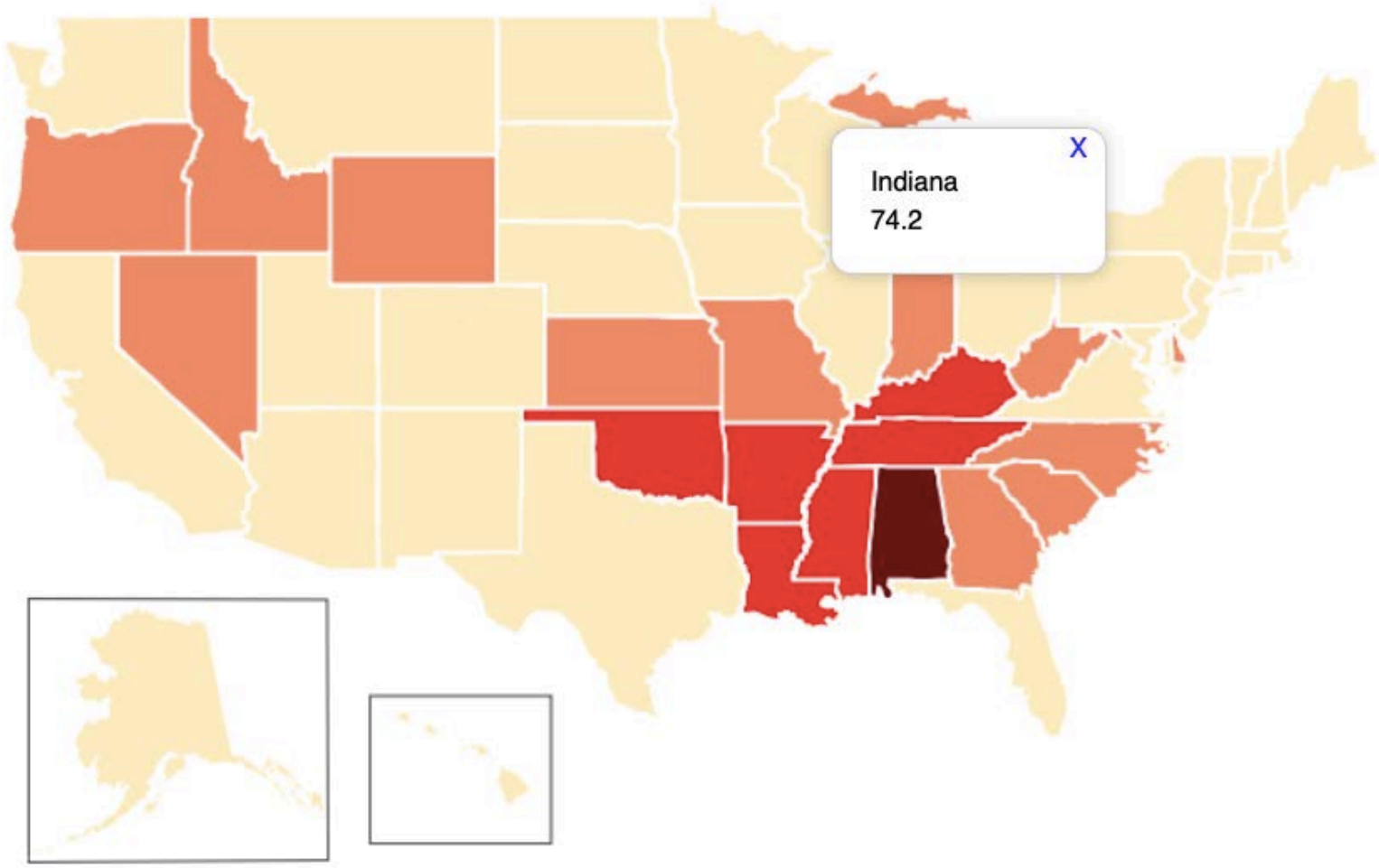
https://www.cdc.gov/drugoverdose/data/statedeaths.html

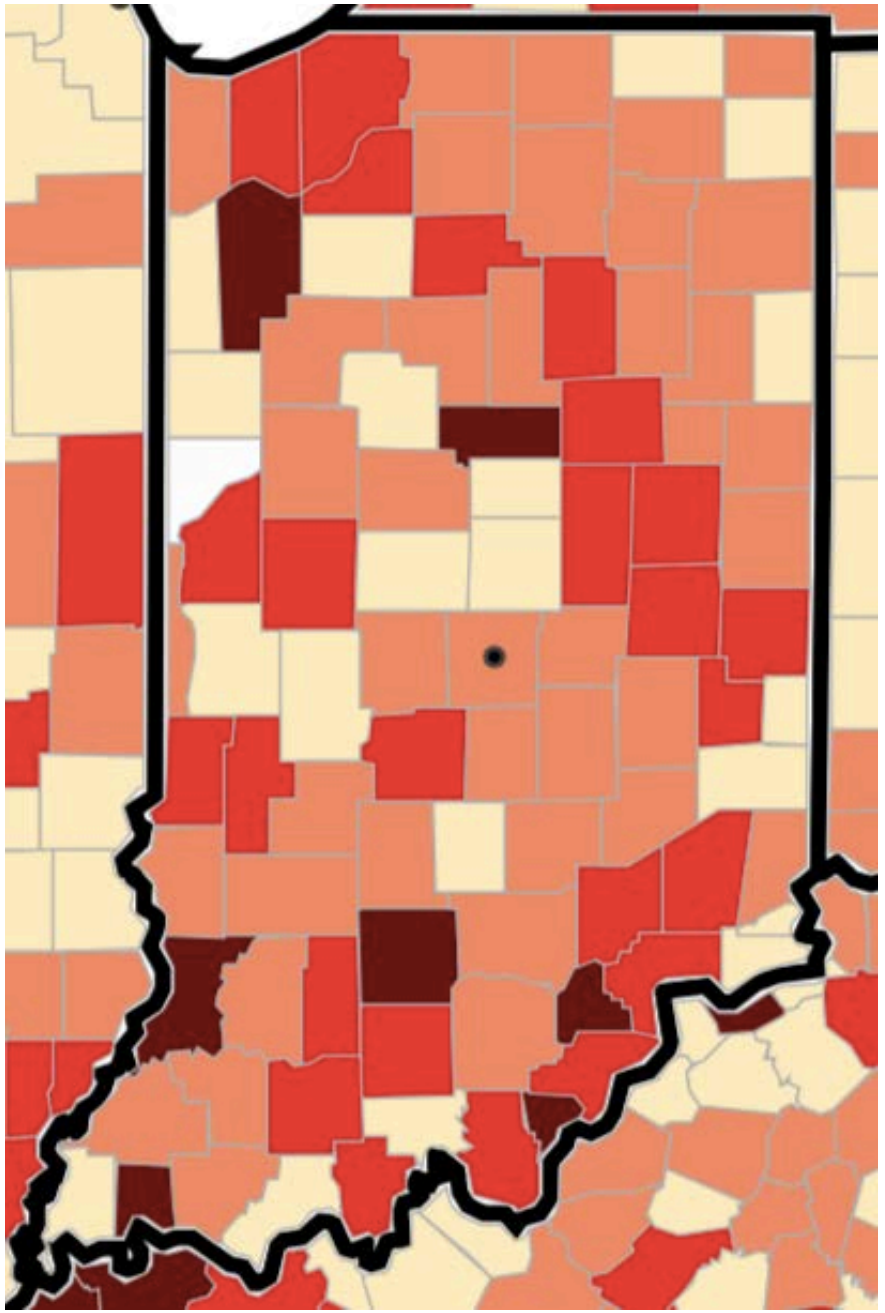
- 30% Opioid overdoses went up 30% from July 2016 through September 2017 in 52 areas in 45 states.
- 70% The Midwestern region witnessed opioid overdoses increase 70% from July 2016 through September 2017.
- 54% Opioid overdoses in large cities increased by 54% in 16 states.



https://www.cdc.gov/vitalsigns/opioid-overdoses/index.html

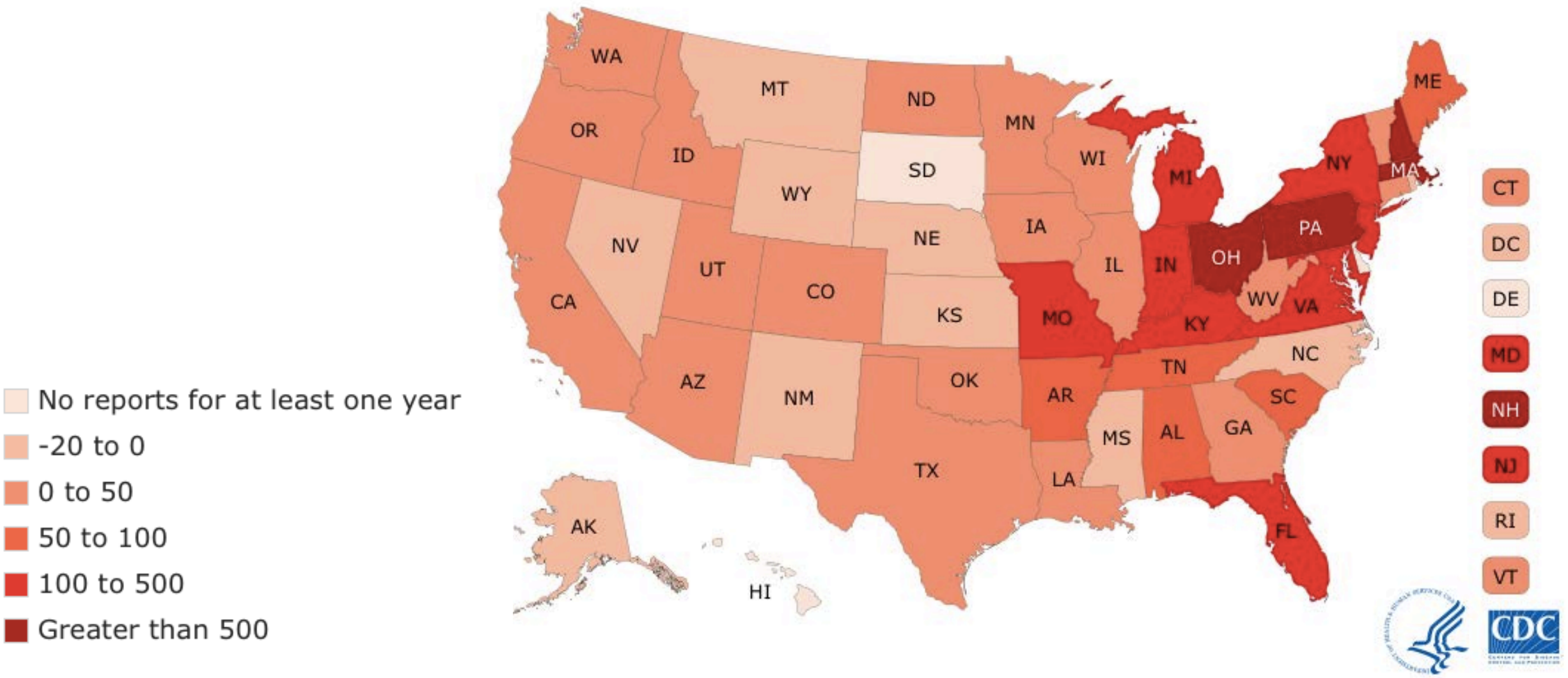
Opioid Prescribing Rates per 100,000 2017





https://www.cdc.gov/drugoverdose/maps/rxcounty2017.html

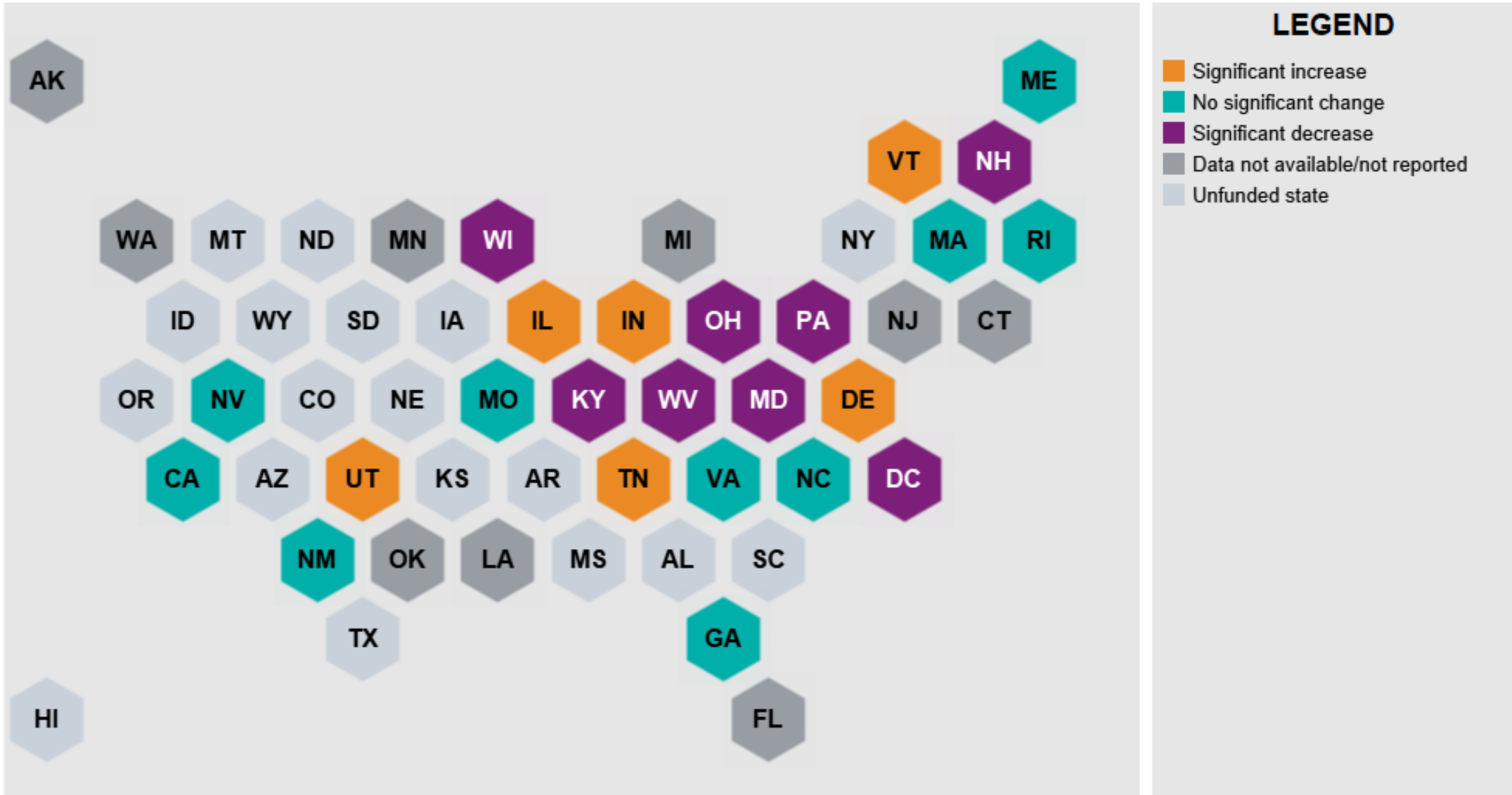
Change in Reported Law Enforcement Fentanyl Encounters 2014-2015



https://www.cdc.gov/drugoverdose/data/fentanyl-le-reports.html

Trends in Emergency Department Visits for Suspected Opioid Overdose, Q2 2017 to Q2 2018

CDC's Enhanced State Opioid Overdose Surveillance Program, Data Current as of October 15, 2018



https://www.cdc.gov/drugoverdose/data/nonfatal.html

Population age 12 and up who misused prescription opioids or heroin in the past year, NSDUH 2016

MISUSED PRESCRIPTION OPIOIDS IN PAST YEAR	3.9% of Americans	4.5% 275,000 Hoosiers Nearly 5 of every 100 people
USED HEROIN IN PAST YEAR	0.3% of Americans	0.4% 22,404 Hoosiers

**Any drug prescribed or illicitly obtained containing hydrocodone, oxycodone, tramadol, codeine, morphine, fentanyl, buprenorphine, oxymorphone, methadone, and other prescription pain relievers*

FIGURE 13: Prevalence of past year prescription opioid misuse by age group (NSDUH, 2016)

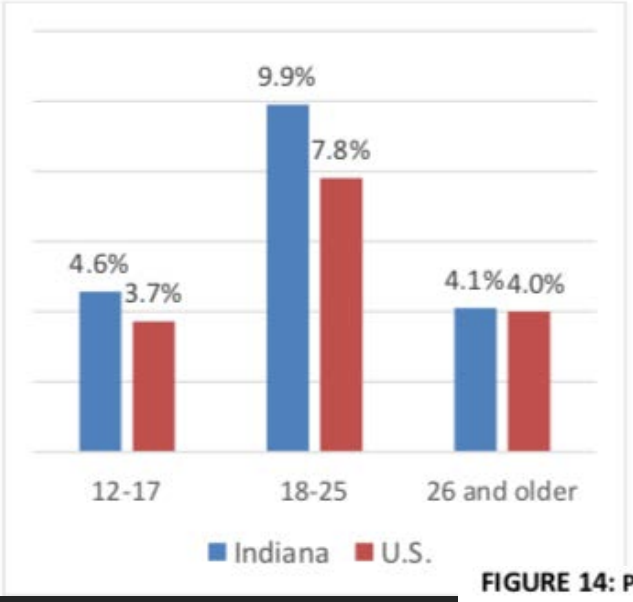
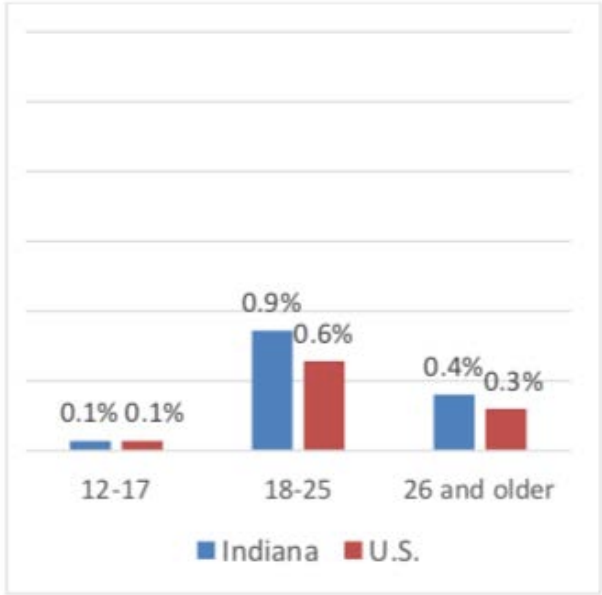
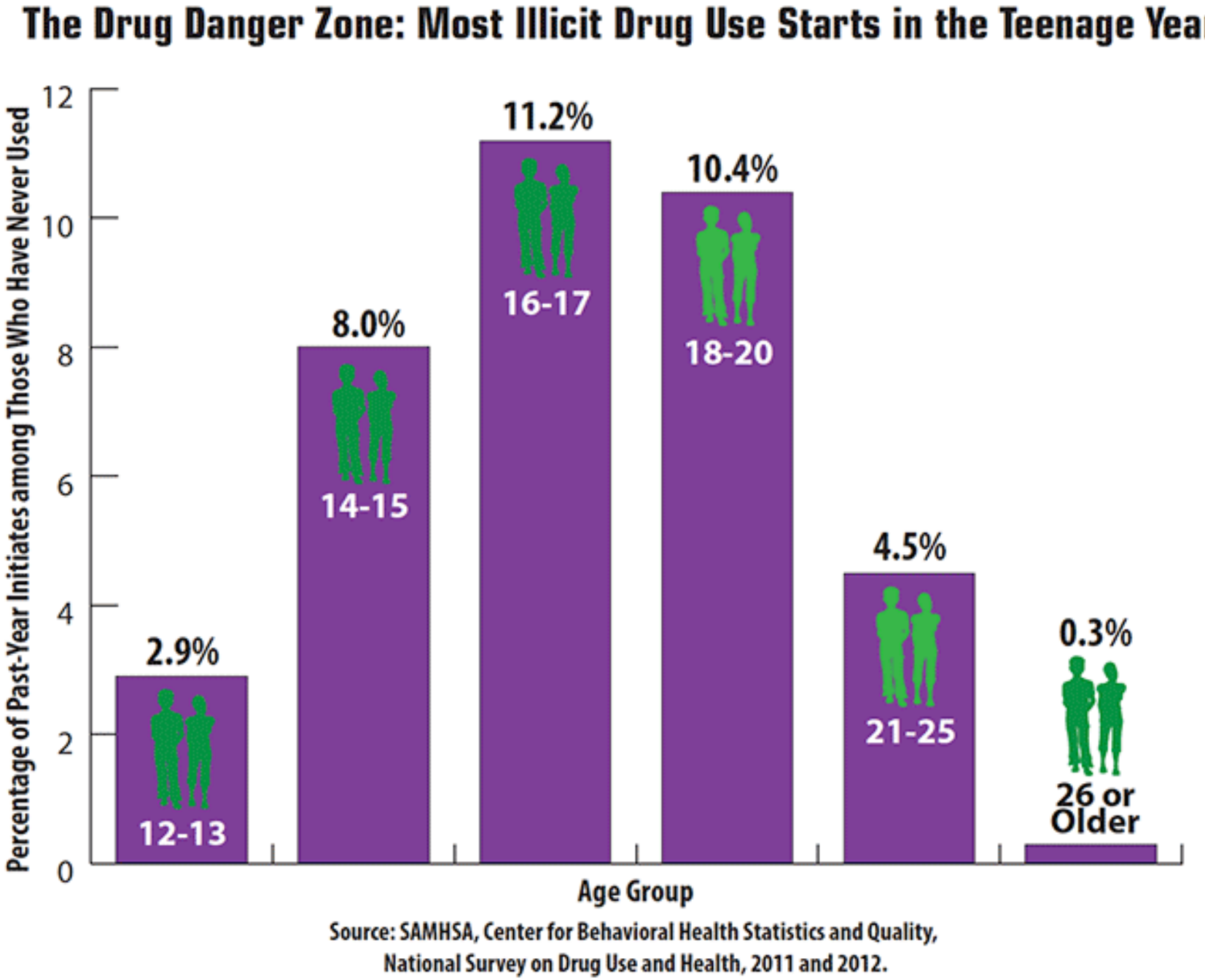


FIGURE 14: Prevalence of past year heroin use by age group (NSDUH, 2016)



https://www.rmff.org/wp-content/uploads/2018/10/Richard-M.-Fairbanks-Opioid-Report-October-2018.pdf


The Drug Danger Zone: Most Illicit Drug Use Starts in the Teenage Years
Percentage of Past-Year Initiates among Those Who Have Never Used
0
2
4
6
8
10
12
2.9%
12-13
8.0%
14-15
11.2%
16-17
10.4%
18-20
4.5%
21-25
0.3%
26 or Older
Age Group
Source: SAMHSA, Center for Behavioral Health Statistics and Quality,
National Survey on Drug Use and Health, 2011 and 2012.

Drug Overdose Deaths by County of Occurrence 2013-2017

In 2017, In Indiana, there were:

8,169 ED visits for opioid OD

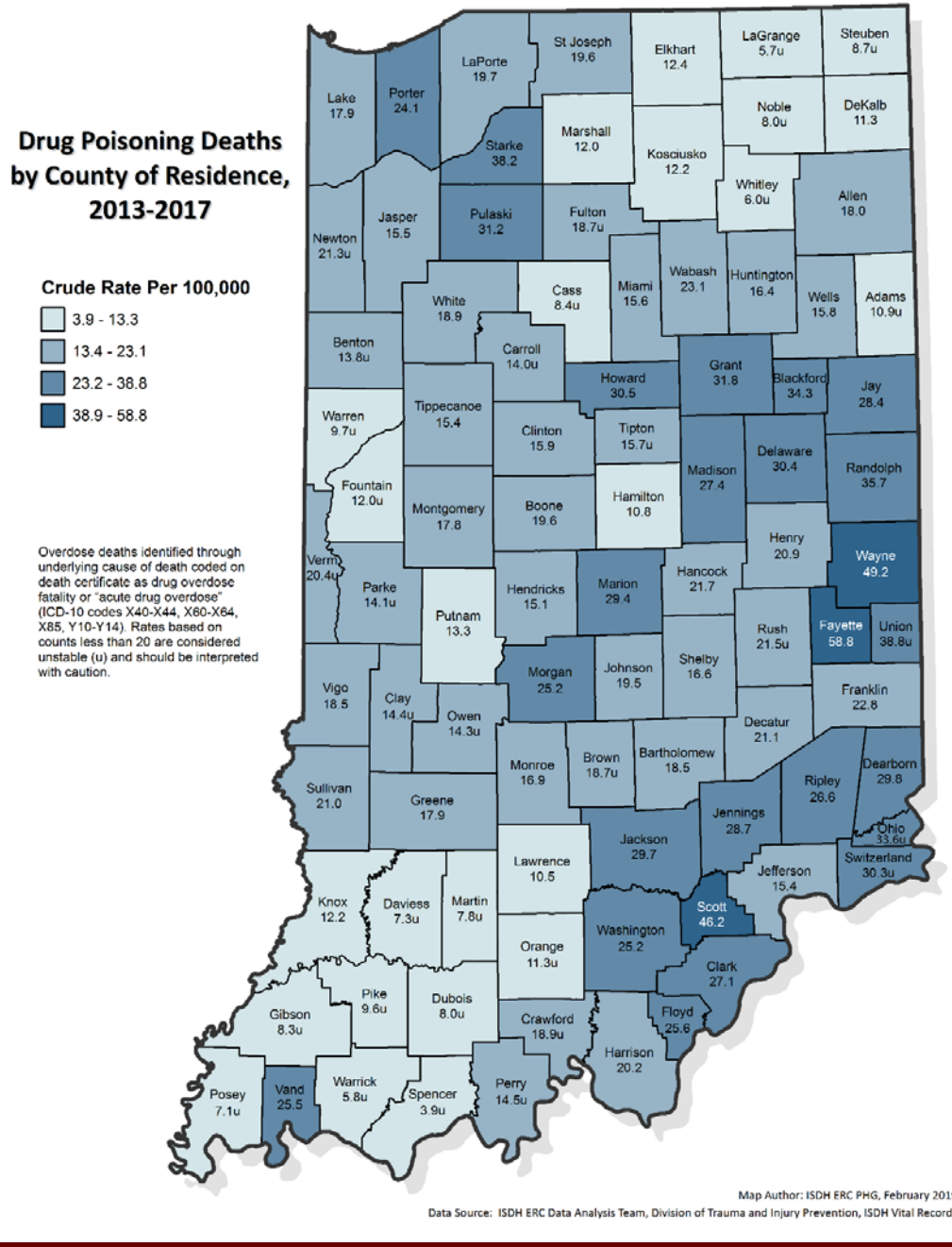
2,138 hospitalizations related to opioid use

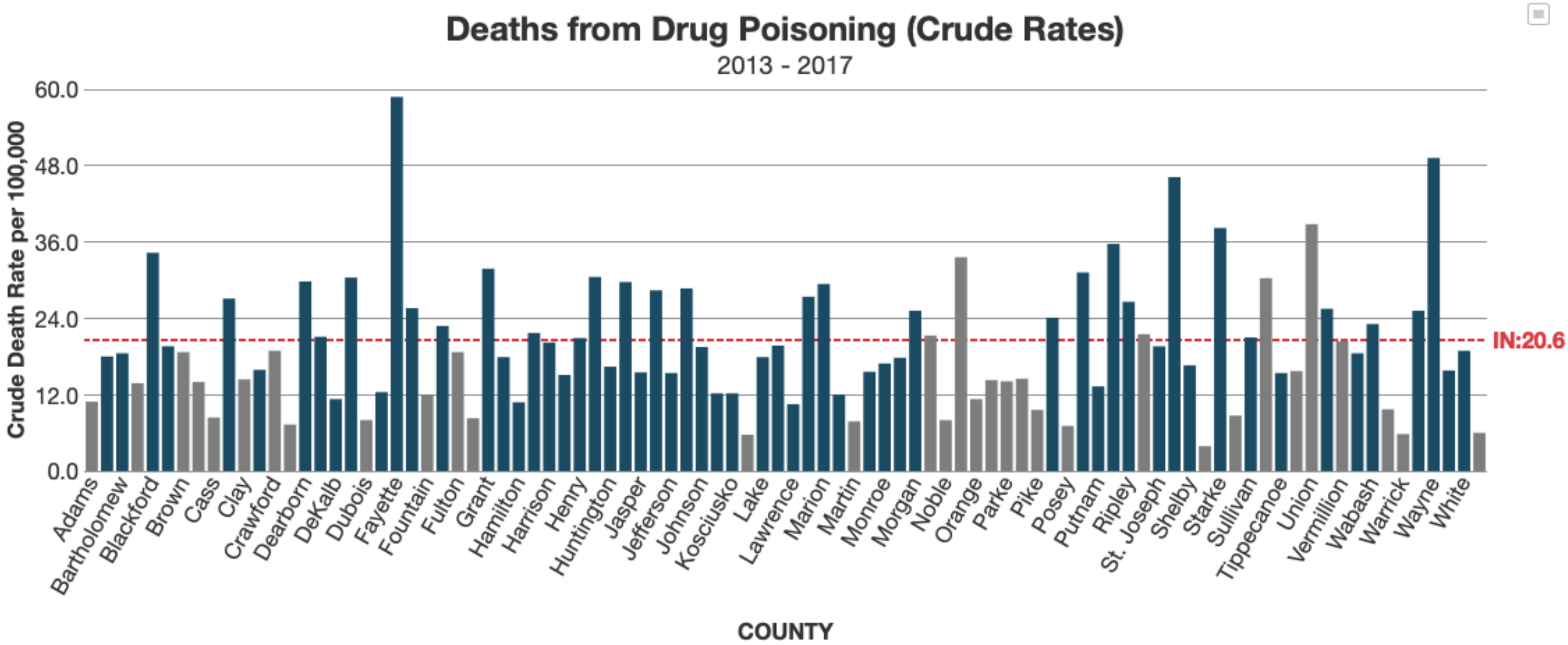
1,852 people died from drug OD

5 Hoosiers died every day

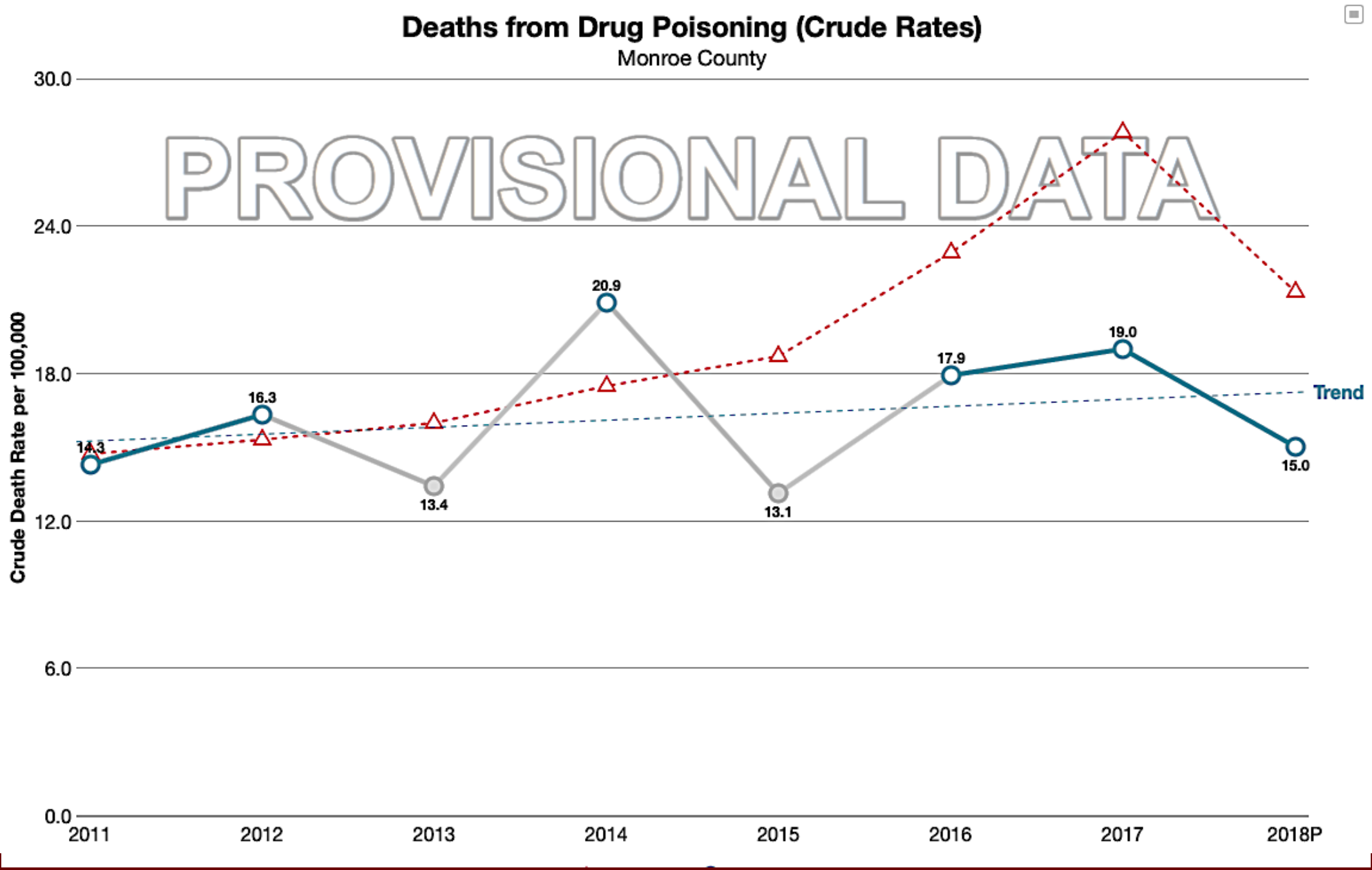
More than 15,000 Hoosiers have died from drug overdose since 1999

ISDH ERC Stats Explorer,
https://gis.in.gov/apps/isdh/meta/stats_layers.htm



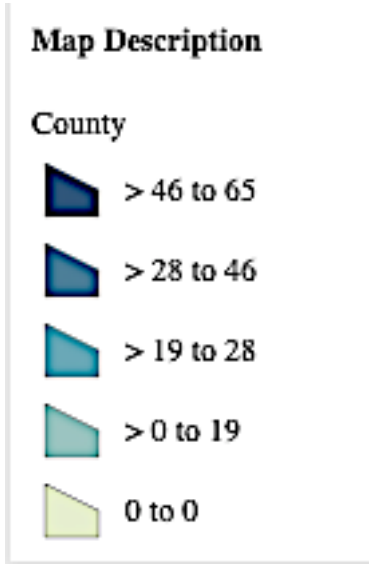


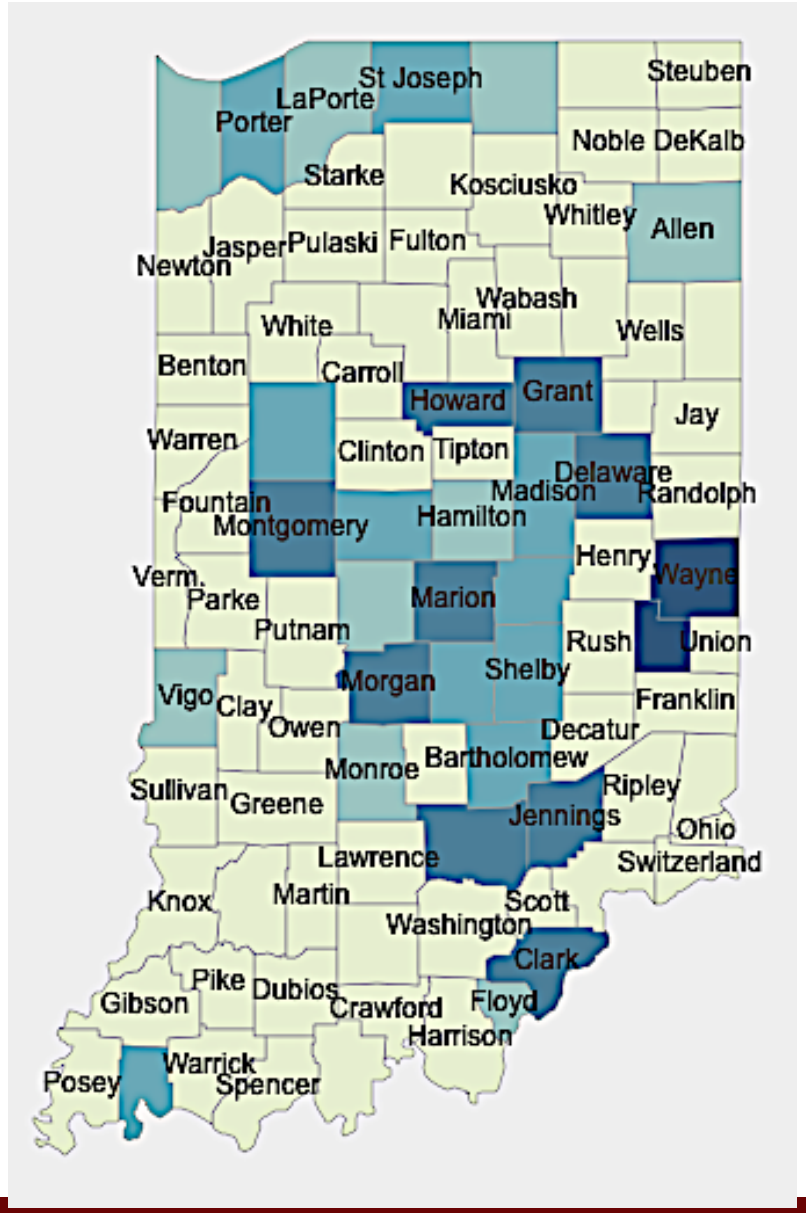
ISDH ERC Stats Explorer, https://gis.in.gov/apps/isdh/meta/stats_layers.htm



ISDH ERC Stats Explorer, https://gis.in.gov/apps/isdh/meta/stats_layers.htm

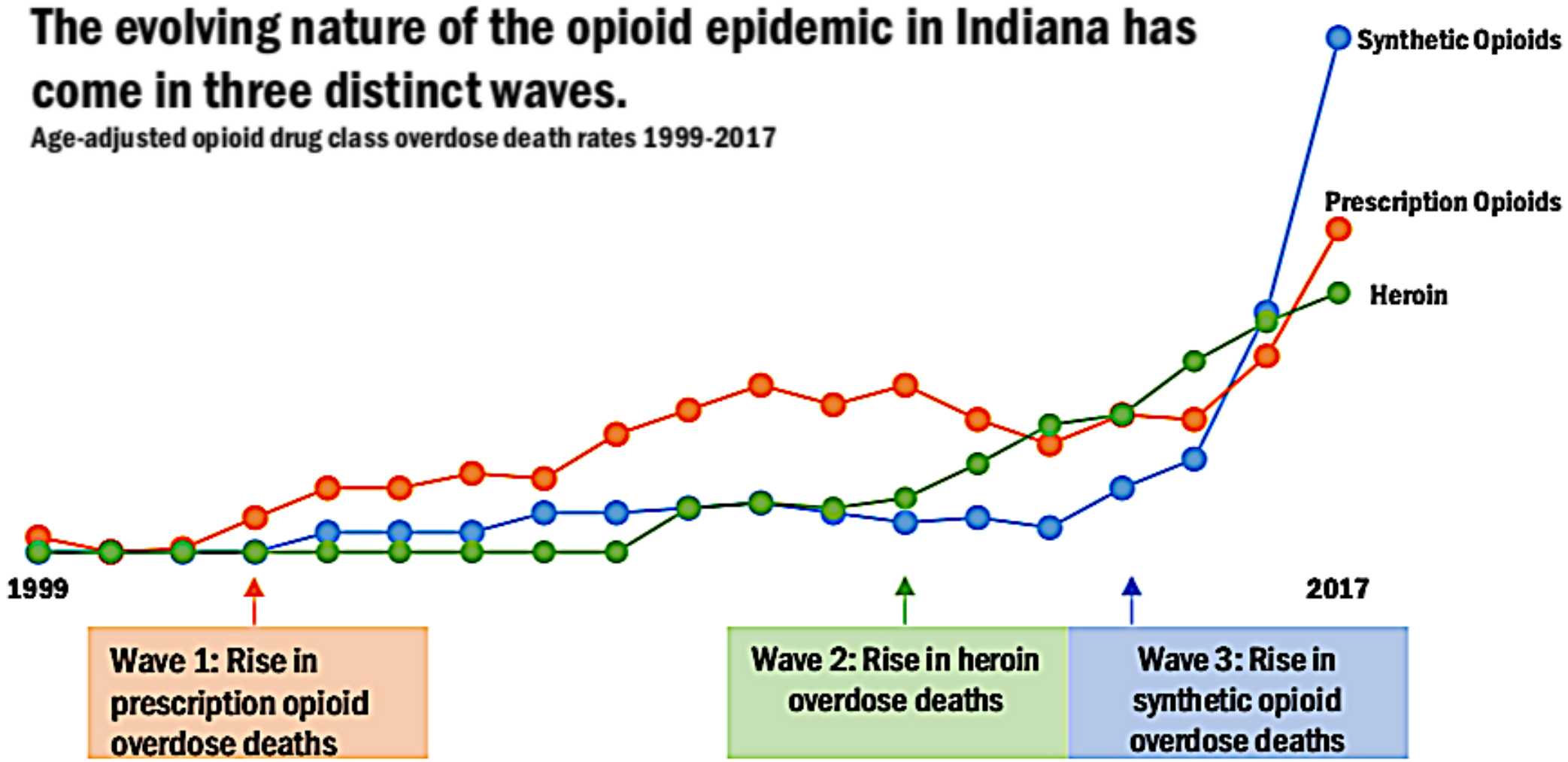
Drug Overdose Death Rate*, Indiana Counties, 2018





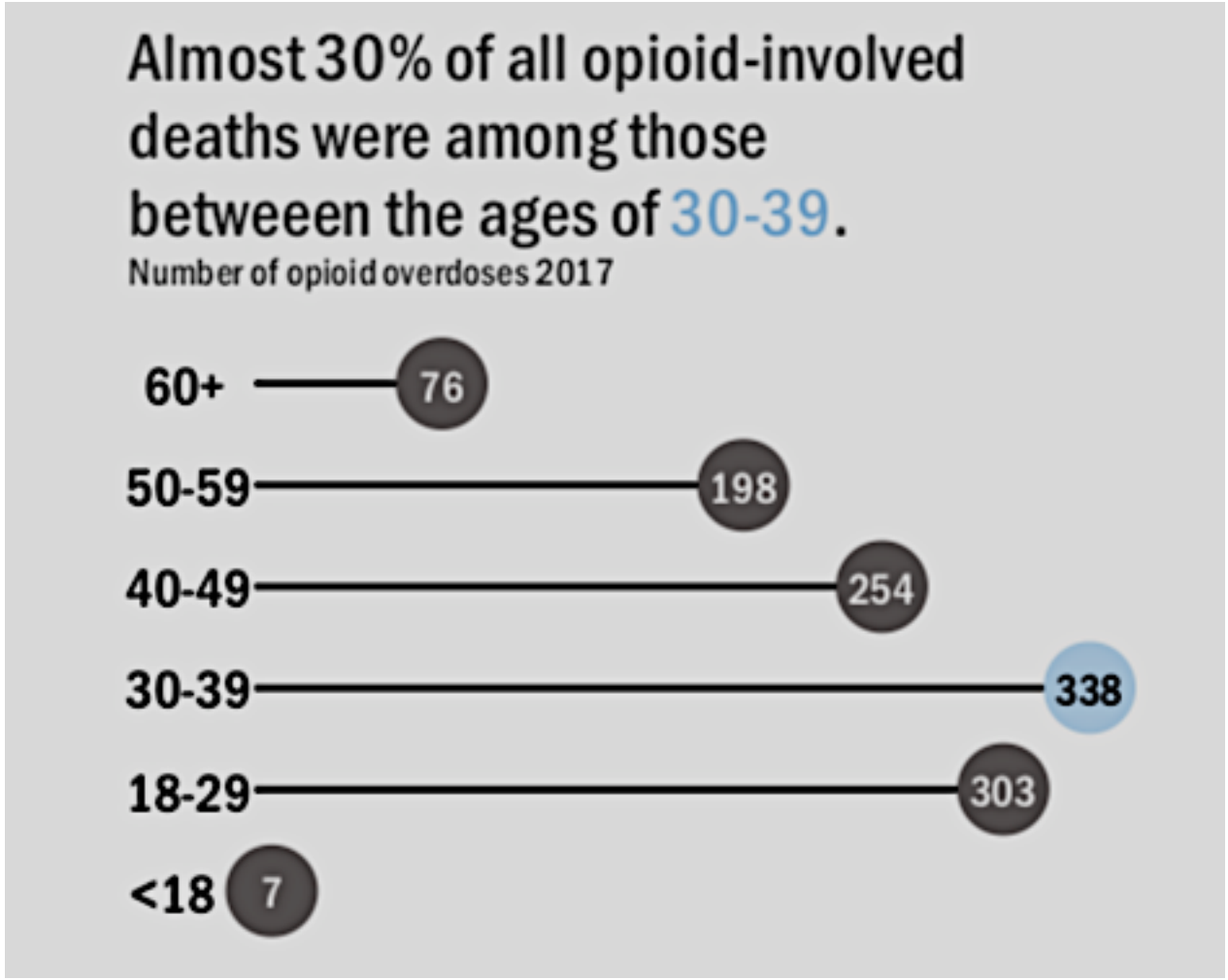
*Crude Rate/100,000

https://gis.in.gov/apps/isdh/meta/stats_layers.htm

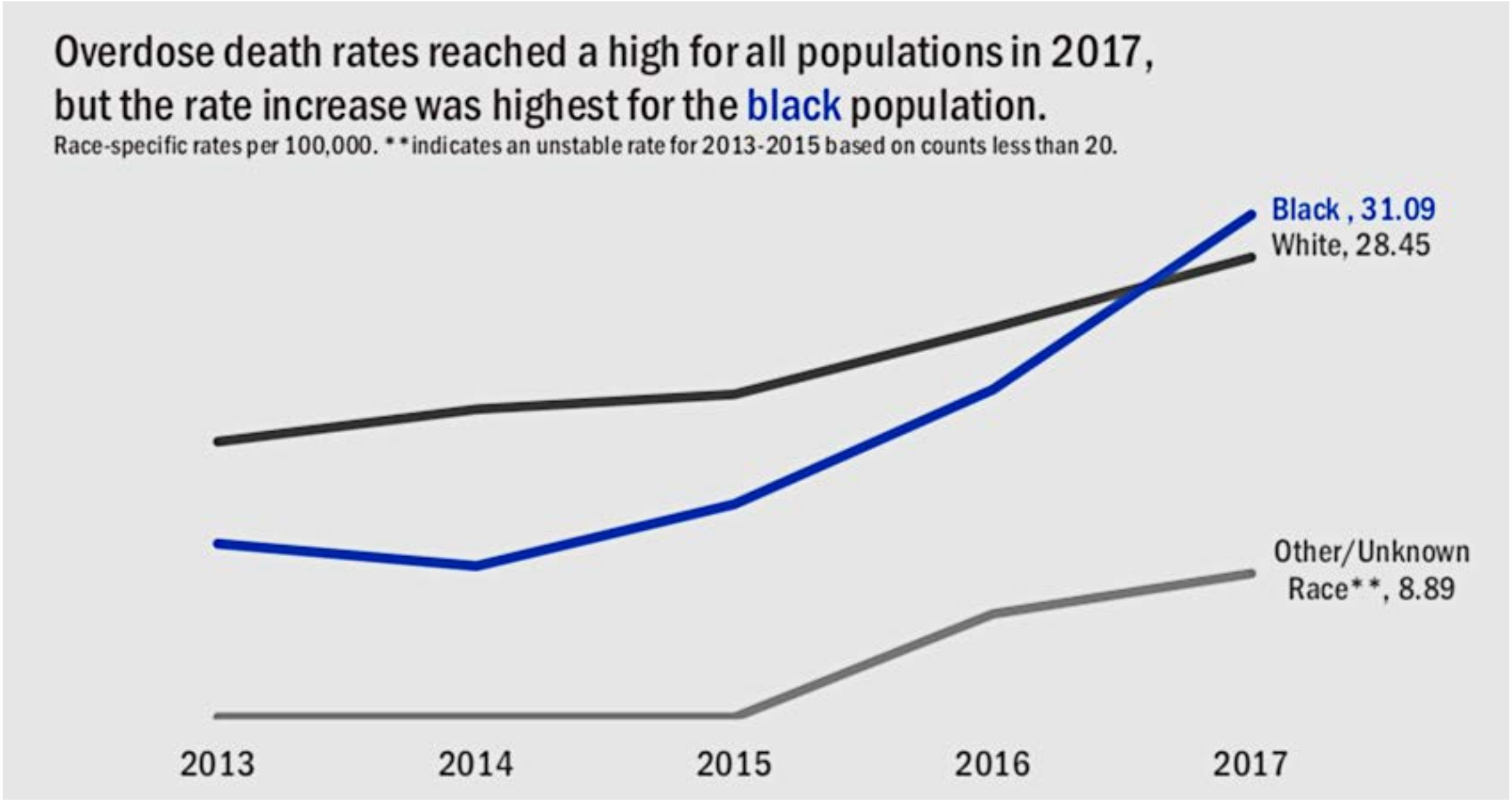


The Drug Overdose Epidemic in Indiana: Behind the Numbers, ISDH Trauma and Injury Prevention
https://www.in.gov/isdh/files/85_Drug%20Overdose%20Data%20Brief_2019.pdf

Indiana Opioid Deaths in Indiana, 2017



The Drug Overdose Epidemic in Indiana: Behind the Numbers, ISDH Trauma and Injury Prevention
https://www.in.gov/isdh/files/85_Drug%20Overdose%20Data%20Brief_2019.pdf



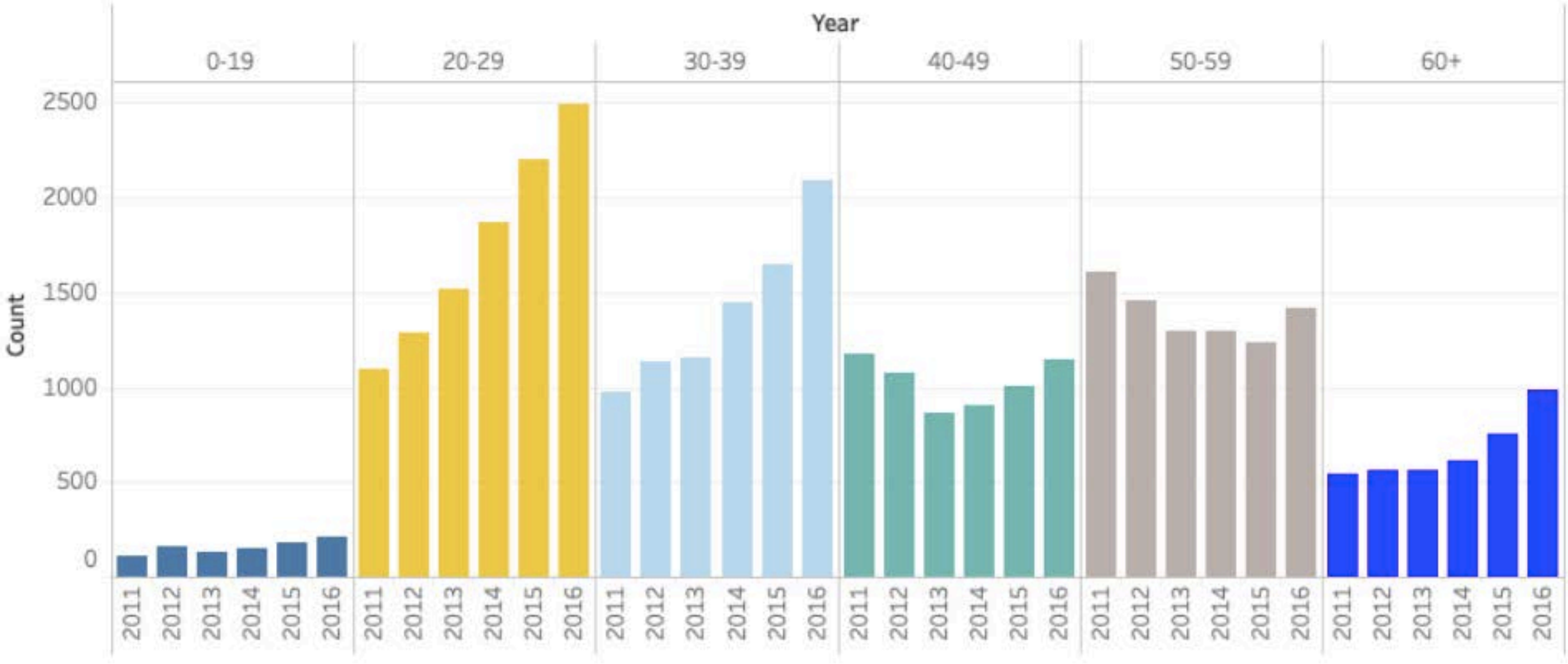
The Drug Overdose Epidemic in Indiana: Behind the Numbers, ISDH Trauma and Injury Prevention
https://www.in.gov/isdh/files/85_Drug%20Overdose%20Data%20Brief_2019.pdf

Rates of Neonatal Abstinence Syndrome per 1,000 hospital births in Indiana, 2013- 2014 and 2015-2016 (Indiana State Department of Health)

Neonatal Abstinence Syndrome	2013-2014	2015-2016	Percent increase between time periods
Indiana	10.2 Per 1,000 hospital births 1,712 infants	19.0 Per 1,000 hospital births 3,177 infants	86%

https://www.rmff.org/wp-content/uploads/2018/10/Richard-M.-Fairbanks-Opioid-Report-October-2018.pdf

Hepatitis C acute and chronic cases by age group at time of diagnosis, Indiana, 2011-2016



Statewide Record Linkage

Opioid Pathways Summary

From January 2014 through October 2017

This dashboard examines the opioid issue from four perspectives. We start with all individuals who have either filled a prescription, received emergency medical services, visited an emergency department, or died, beginning in 2014. We then compare how many of these individuals have had one of the other three types of incidents.

Over 99% of individuals with an opioid prescription haven not had a reported opioid-related event.* However, of all individuals prescribed a controlled substance, the relative risk of an opioid-related event was 3.6 times greater for those who have had an opioid prescription than those who did not have one

46% of individuals (9,850 out of 21,358) having received naloxone during an EMS run have had an opioid dispensed to them at some point

71% of individuals (6,549 out of 9,283) with a reported ED visit for an opioid overdose have had an opioid dispensed to them at some point

64% of individuals (1,726 out of 2,696) with a reported opioid-related drug poisoning death had an opioid dispensed to them at some point

*** A reported naloxone EMS run, ED visit for an opioid overdose, or opioid-related death**

World | Tue Mar 27, 2012 2:48am EDT

Painkiller Opana, new scourge of rural America

AUSTIN, INDIANA | BY MARY WISNIEWSKI

Reuters

Dosage Strength	OPANA® ER with INTAC® Tablet Images*	GENERIC oxymorphone ER Global Pharma (Impax) Tablet Images*
40 mg	40 E	G75
30 mg	30 E	G77

Melissa Himmelheber, 43, shows pictures of her son, C. J. Coomer, who died of an Opana overdose last July at the age of 24 in Austin, Indiana, at her home in Scottsburg, Indiana, March 19, 2012.

REUTERS/JOHN SOMMERS II

1 of 3

At least nine people have died so far this year from prescription drug overdoses in Scott County, Indiana. Most of the fatalities involved Opana, according to county coroner Kevin Collins

Indiana's Prescription Drug Abuse Prevention Plan

- Education
  - Parents, youth, patients
  - Prescribers
- Monitoring (INSPECT)
  - Discourage "Doctor Shopping" and Diversion
  - Interstate monitoring
- Proper Medication Disposal
  - Take back programs
- Enforcement
  - Identify and eliminate "Pill Mills" and unethical prescribing practices
- Treatment and Recovery
  - Addiction treatment services
  - Neonatal Abstinence Syndrome
  - Naloxone Rescue

INDIANA PRESCRIPTION DRUG ABUSE PREVENTION TASK FORCE

Indiana community's HIV outbreak a warning to rural America

Laura Ungar and Chris Kenning, USA TODAY 7:25 p.m. EDT May 17, 2015

(Photo: Darron Cummings, AP)

AUSTIN, Ind. — This small, close-knit community is a picture of rural America, with stubble-filled cornfields and a Main Street lined by churches, shops and sidewalks. It's also the unlikely epicenter of the largest outbreak of HIV, the AIDS virus, in Indiana's history — and a warning to the rest of the nation.

Public health experts say rural places everywhere contain the raw ingredients that led to Austin's tragedy. Many struggle with poverty, addiction and doctor shortages, and

The New York Times

U.S.

Rural Indiana Struggles to Contend With H.I.V. Outbreak

By ABBY GOODNOUGH MAY 5, 2015

Containers holding discarded syringes as part of a needle exchange program in Austin, Ind.
Aaron P. Bernstein for The New York Times

Email
Share

AUSTIN, Ind. — She became addicted to painkillers over a decade ago, when a car wreck left her with a broken back and doctors prescribed OxyContin during her recovery. Then came a new prescription opiate, Opana, easily obtained on the street and more potent when crushed,

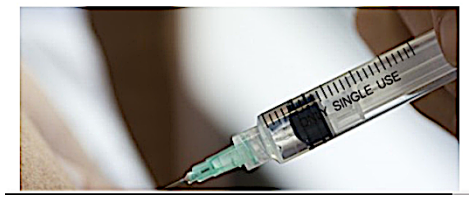
The Washington Post

How an HIV outbreak hit rural Indiana — and why we should be paying attention

0

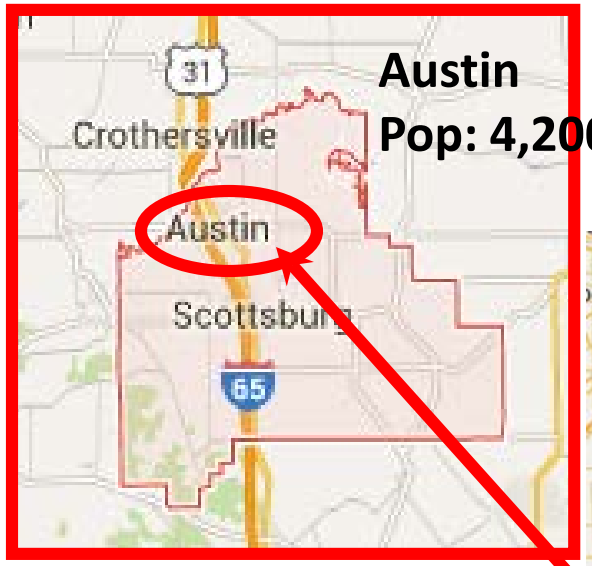
By Danielle Paquette March 30

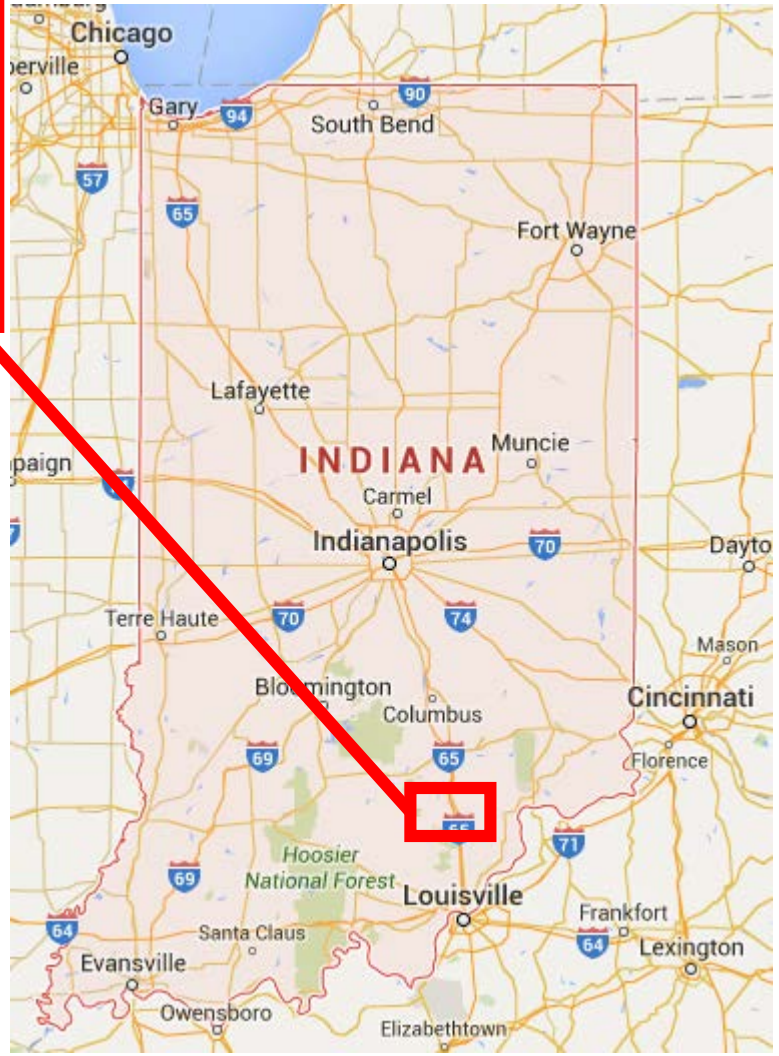
Follow @dpaqreport



Scott County, Indiana in 2015

- Population: 24,000
- High rates of poverty
- High rates of unemployment
- Low HS graduation rates
- Decreasing life expectancy





•Sources: **U.S**. Census http://quickfacts.census.gov/qfd/states/18/18143.html; Indiana State Health Department http://www.in.gov/isdh/17397.htm

Scott County, Indiana, HIV Outbreak

December 2014:

- 3 individuals from Austin, IN diagnosed with HIV
- 2 had a common needle-sharing partner
- Contact tracing → 8 additional infections by January 23, 2015
- Only 5 HIV infections had been reported 2004-2013

December 2018:

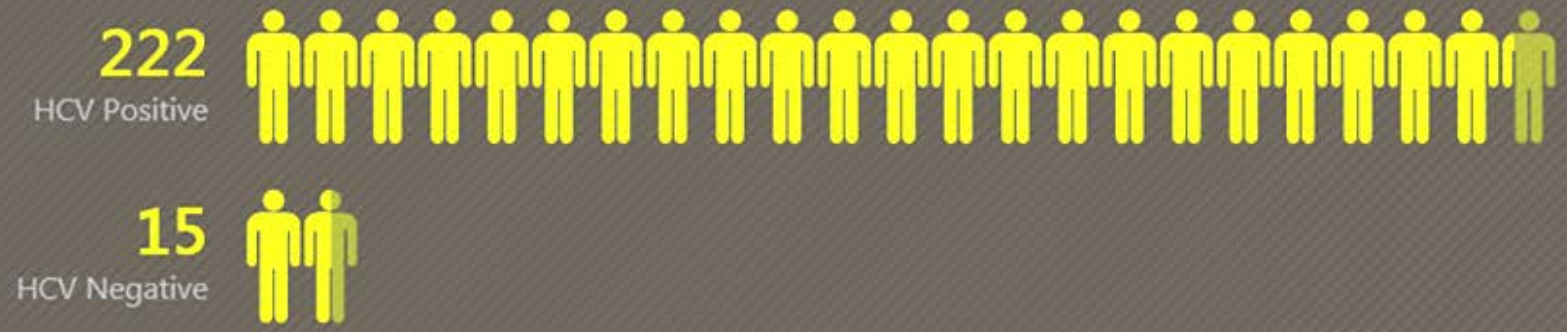
- 237 individuals diagnosed with HIV
- Linked to Austin, IN
- >90% co-infected with HCV
- Source of HIV transmission: Injection of the prescription opioid, oxymorphone (OPANA® ER)

Contact Tracing and HIV Testing 2/27/2018

Named Contacts	570
Tested	503 (88.2%)
Refused testing	14 (2.5%)
Unable to locate	35 (6.1%)
Other	18 (3.2%)
Other Tested	38
Total Tested	541
HIV positive	231 (42.7%)
HCV positive	215 (93.0%)

Indiana State Department of Health Division of HIV/STD/Viral Hepatitis

HCV Status of those HIV+ in Scott County Outbreak Population



Indiana State Department of Health

HCV Status of those HIV- in Scott County Outbreak Population

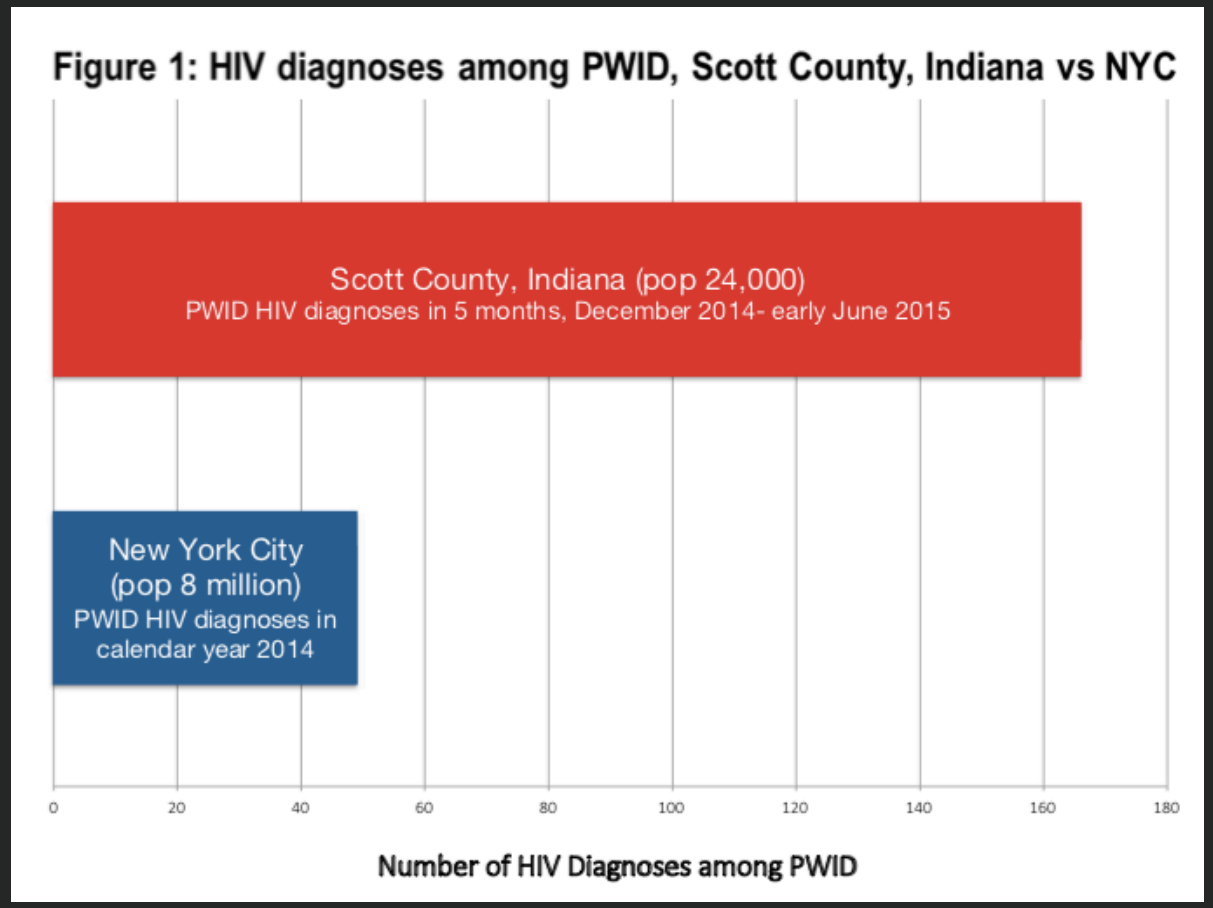
HIV/Hepatitis Prevention among PWID

1. Syringe Services Programs (needles, works)
2. Medication Assisted Treatment (Methadone, Buprenorphine, Naltrexone)
3. Vaccination (Hepatitis A and B)
4. Test to Diagnose and Treat to Prevent
5. PrEP
6. Condoms

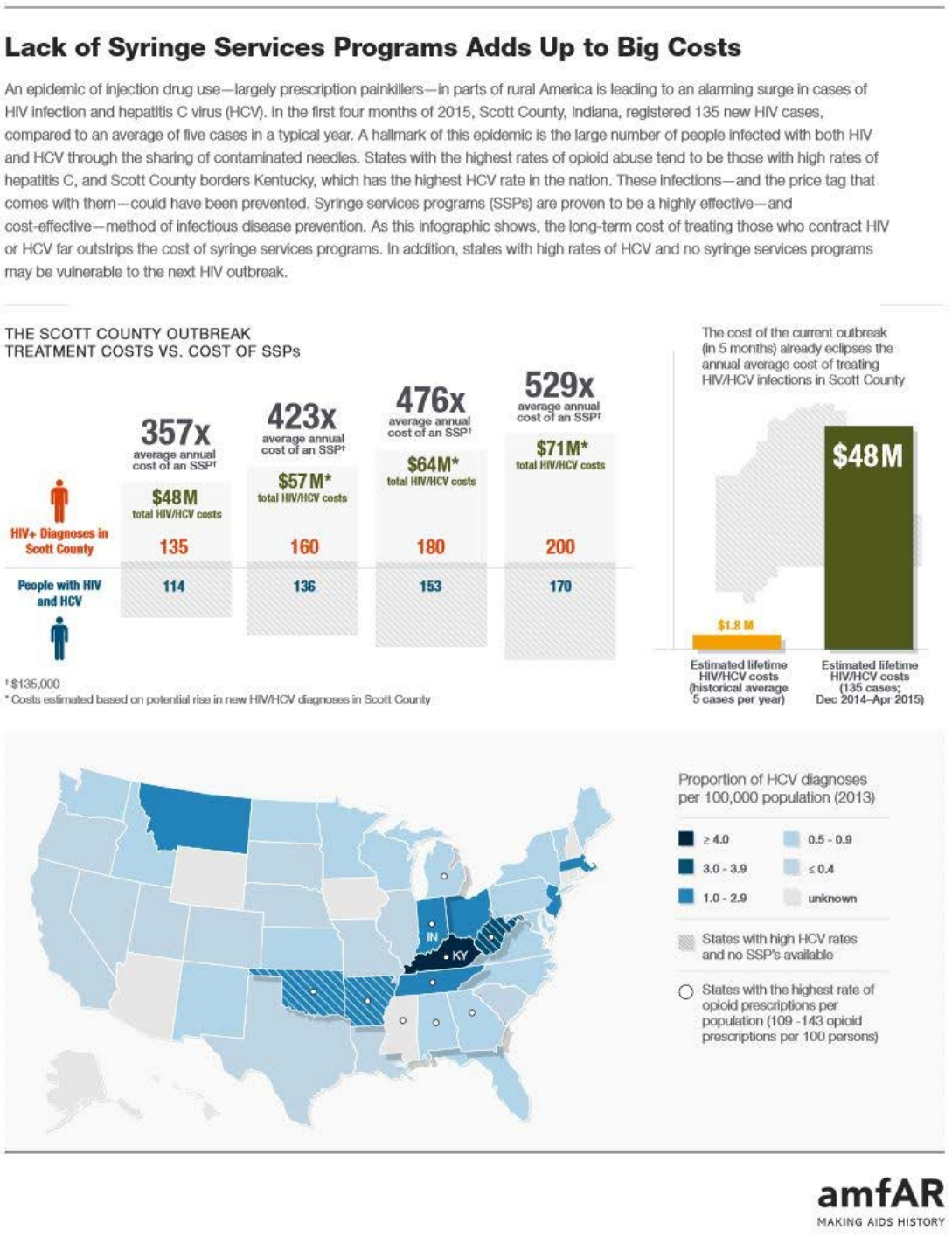
Community Outreach Center
A One-Stop Shop

- **Community Outreach Center**
  - HIV and HCV/HBV testing
  - Care coordination for HIV medical care
  - HIV Clinic staffed by IUMS Physicians
  - Syringe exchange program
  - SUD treatment services referrals
  - Routine immunizations
  - Naloxone Distribution
  - Insurance enrollment (e.g., birth certificates, driver's license)
  - Job training

Prevent Ongoing Transmission of HIV/HCV



http://www.amfar.org/uploadedFiles/_amfarorg/On_the_Hill/amfAR_SSP_Issue_Brief_April_2017-update.pdf



Health commissioner: Syringe exchanges not easy but save lives

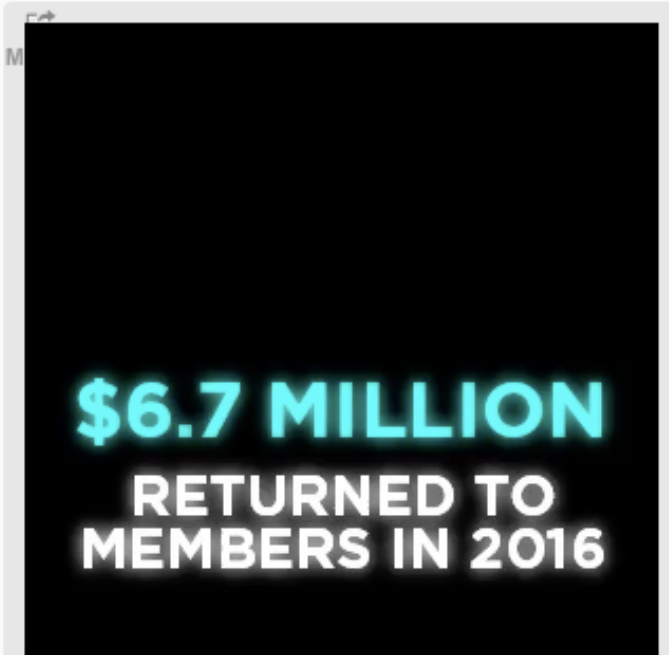
Jerome Adams, For the Journal & Courier Published 11:45 a.m. ET June 23, 2017 | **Updated 11:46 a.m. ET June 23, 2017**

(Photo: Getty Images/iStockphoto)

f 3 CONNECT | TWEET | in LINKEDIN | 1 COMMENT | EMAIL

The national opioid epidemic threatens to unravel two decades of progress toward reducing the spread of HIV. This is an outcome Indiana cannot afford.

Since 2015, 219 people in rural Scott County have been diagnosed with HIV, and nearly 95 percent of those individuals are co-infected with hepatitis C. These are staggering statistics that represent 219 lives and a community that are forever changed. Yet the toll would be much worse if not for the syringe service program, or syringe exchange, that has provided testing and connections to treatment and medical care.



Scott County SSP by the Numbers, 2015-6/2018

Syringes dispensed = 613,534

Syringes returned = 566,630

Scott County Health Dep't SSP

"I love them (SSP Staff) to death. They're nice people. They don't look down on you, because we're just drug users. A lot of people think you're trash because you're an IV drug user [but] they don't. It's the best thing. I am happy about it."
(Tracy, F2)

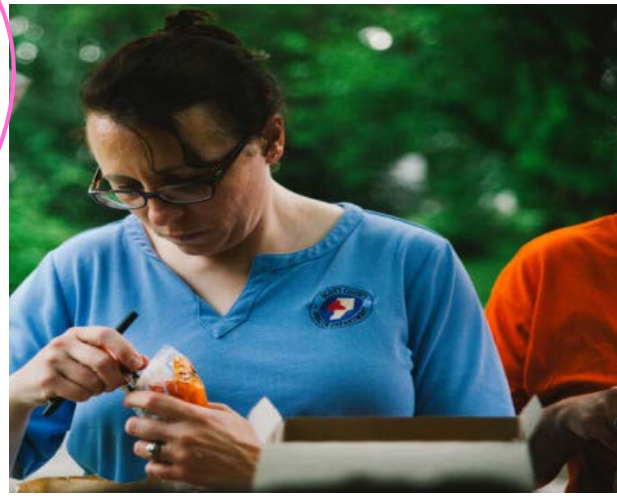


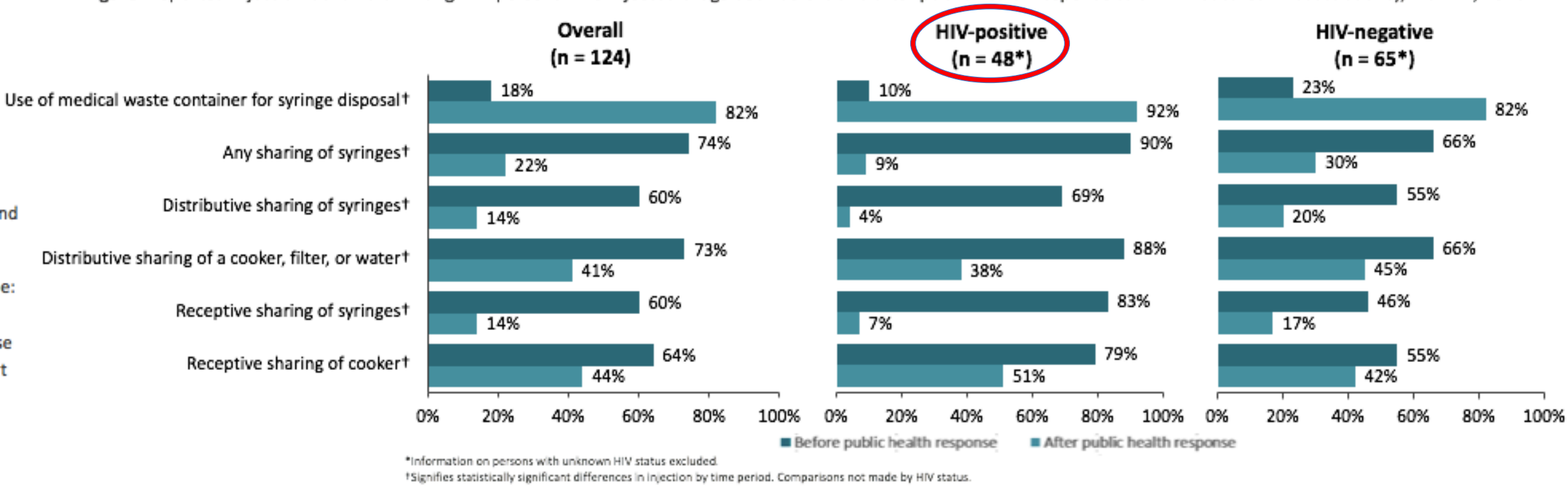
Table 2. Use of a syringe services program (SSP) for sterile syringes in the 30 days prior to interview after the public health response to an HIV outbreak among persons who injected before and after the public health response to an HIV outbreak—Scott County, Indiana, 2016.

	Use of the SSP for sterile syringes
Overall	105 (86%)
HIV-positive	47 (98%)
HIV-negative	53 (84%)

*Information on persons with unknown HIV status excluded.

Sharoda Dasgupta, et al. Reported drug injection behaviors before and after an HIV outbreak—Indiana, 2016, Poster presented at CROI 2018

Figure. Reported injection behaviors among 124 persons who injected drugs both before and after public health response to an HIV outbreak—Scott County, Indiana, 2016.



*Information on persons with unknown HIV status excluded.
†Signifies statistically significant differences in injection by time period. Comparisons not made by HIV status.

Project ECHO®

matec
MIDWEST AIDS TRAINING + EDUCATION CENTER

LifeSpring Health Systems

Scott County Partnership & CEASe Coalition

Evidence based Programs in Schools

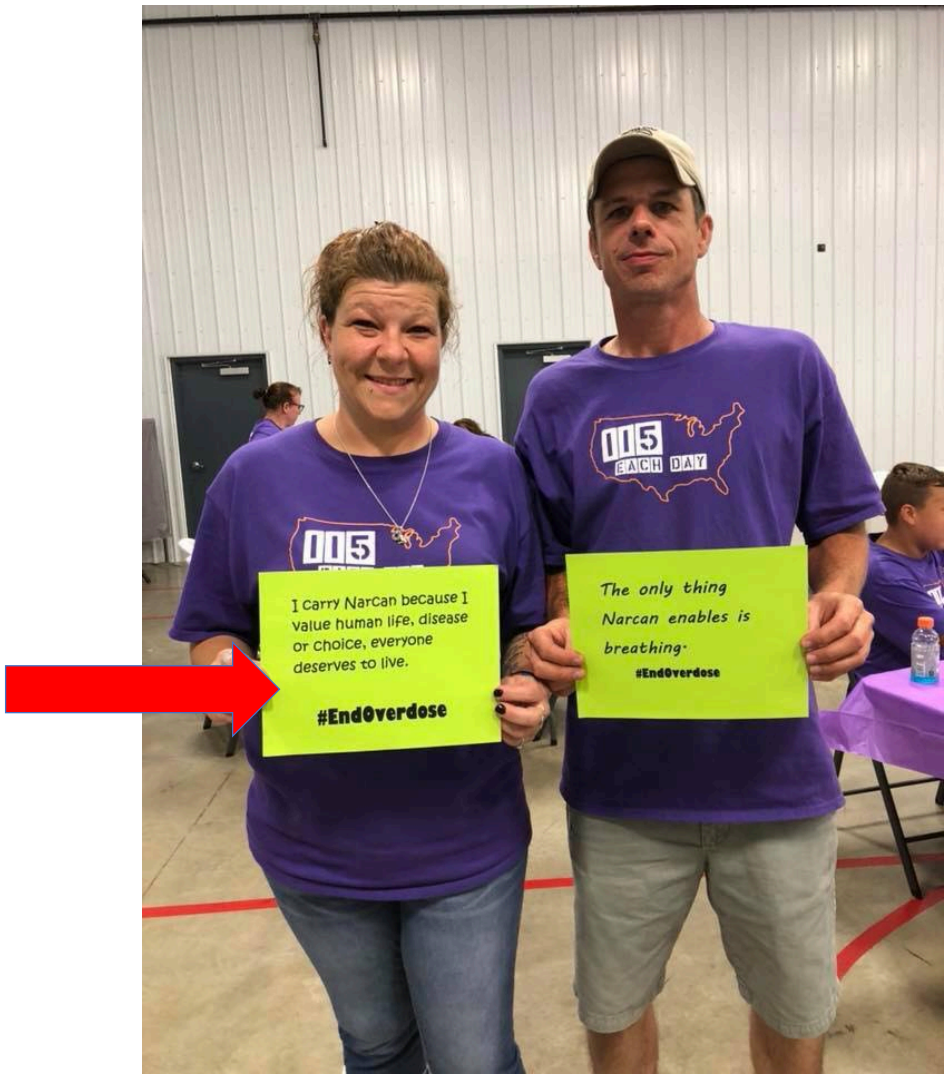
- Conquer the Chaos
- LifeSkills
- All Stars
- What's Your Side Effect
- Financial Literacy
- EMPOWER Youth Coalition

GET HEALTHY SCOTT COUNTY
RECOVERY ORIENTED SYSTEM OF CARE (ROSC)
ACTION PLAN WORKSHEET

EMPOWER

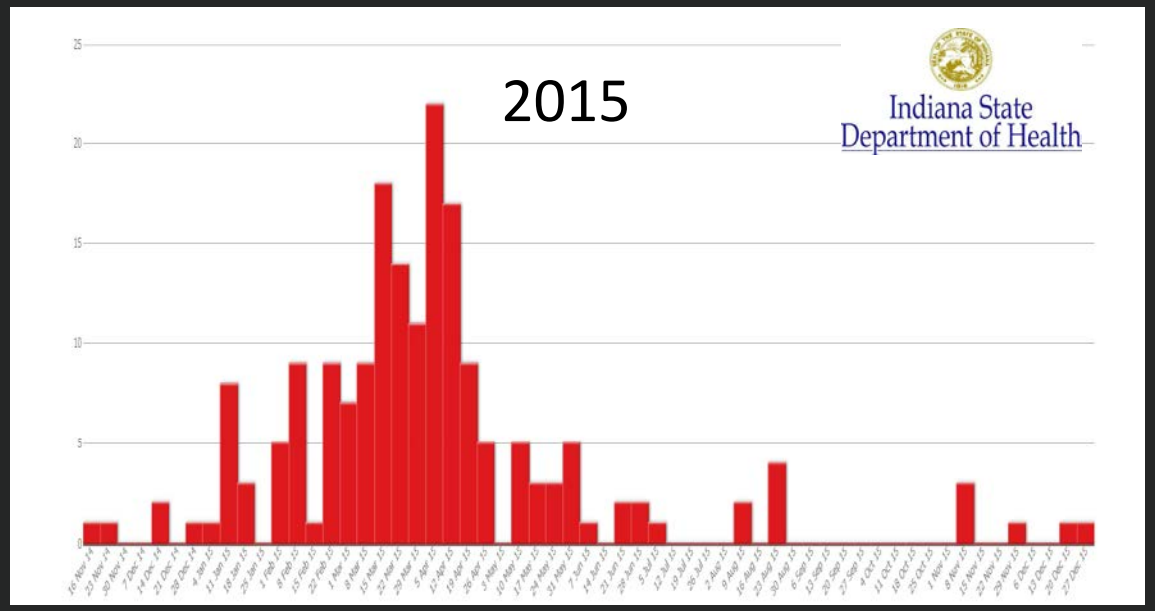
ENGAGING YOUTH. IMPACTING COMMUNITY.

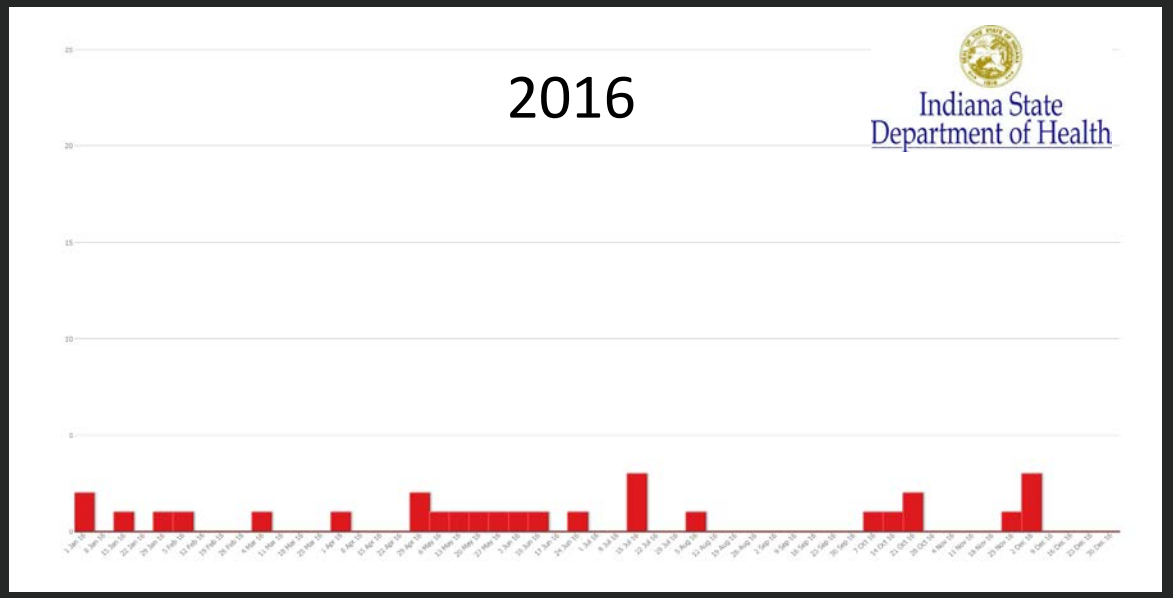
Recovery is Beautiful

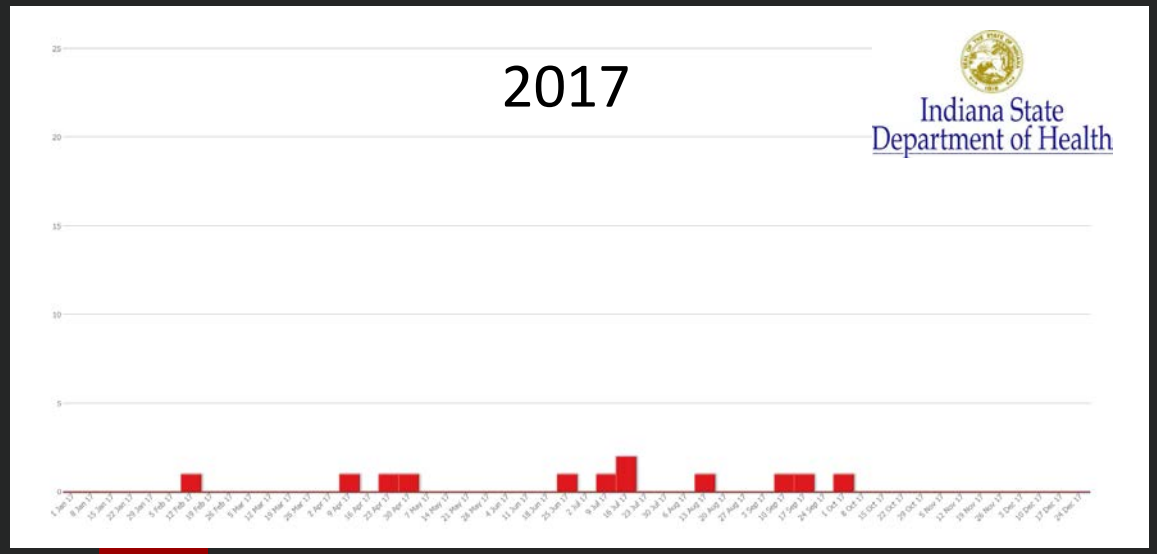


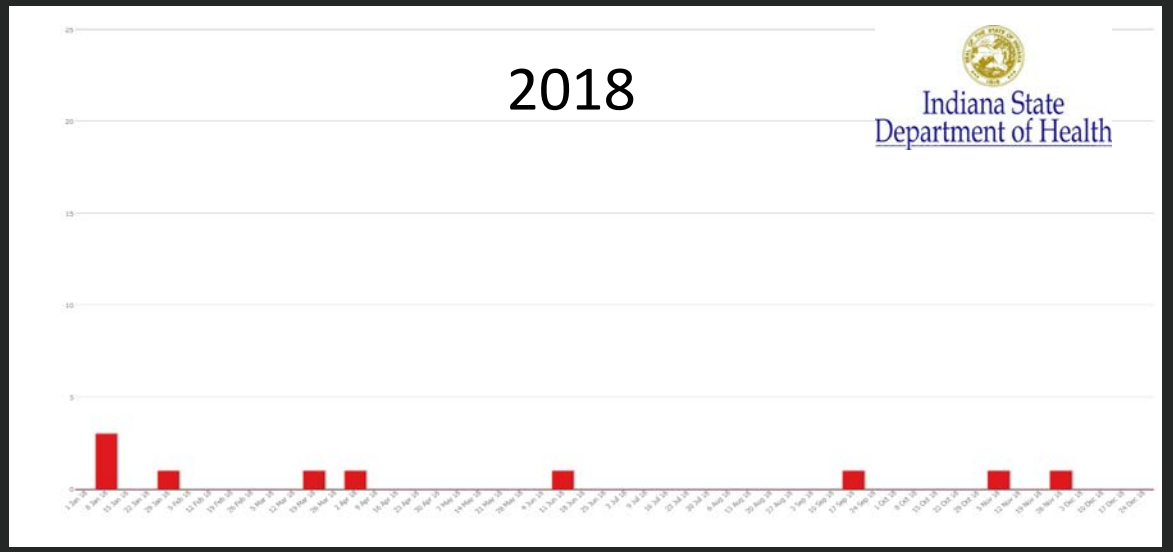
Peer Recovery Coaches

Southeast Indiana HIV Outbreak Epidemic Curve: 2015 – 2018*







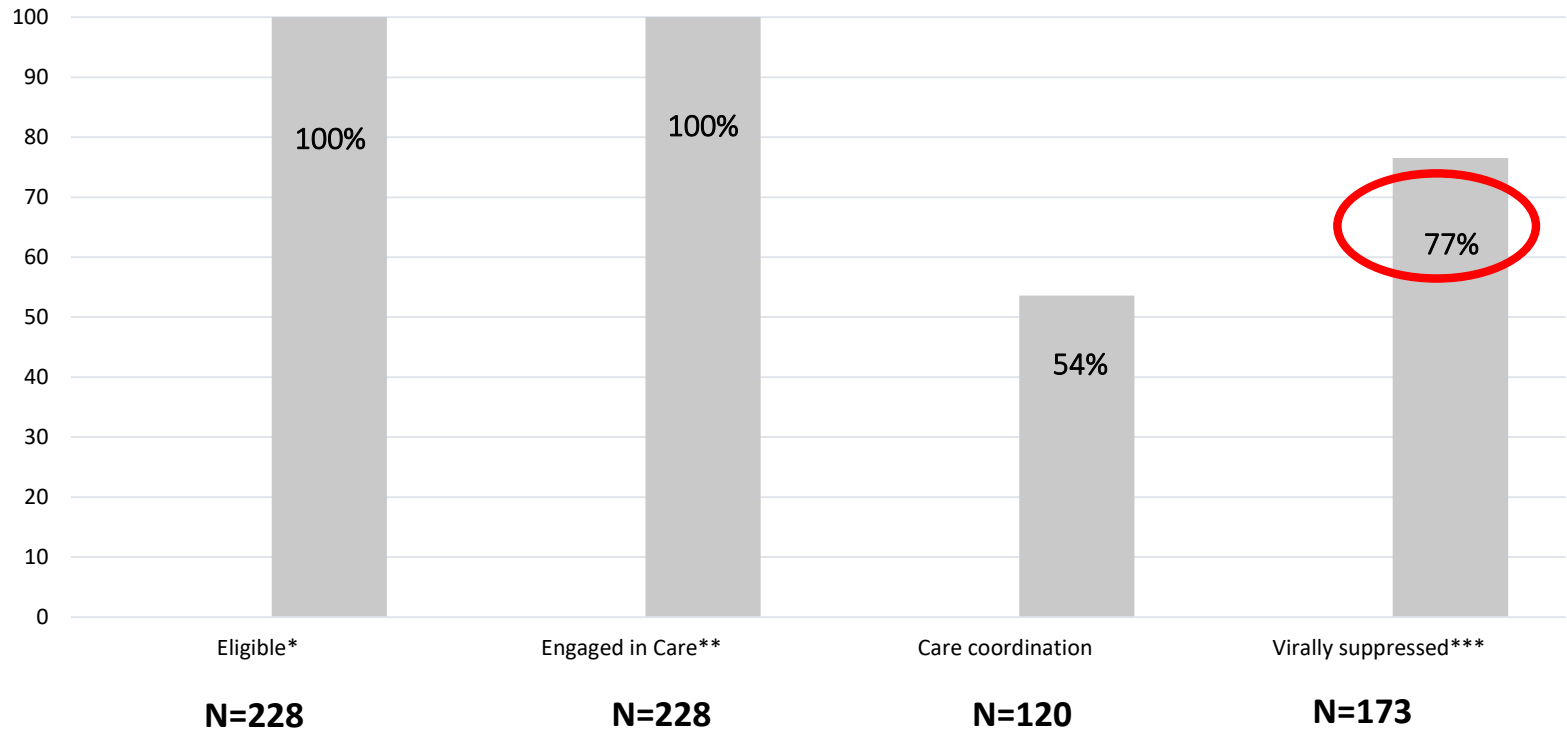


*ISDH Division of HIV/STD/Viral Hepatitis

ISDH HIV Prevention & Surveillance

	Scott County				
Year	HIV Tests Total	Positive Tests	New HIV Cases	PLWH	% of New Indiana HIV Cases
2013	0	0	1	23	0.220264
2014	0	0	1	21	0.194175
2015	1935	104	157	154	25.2818
2016	1209	17	21	161	4.142012
2017	1166	8	8	168	1.462523
2018	1428	7	7	156	

HIV Care Continuum for Austin, Indiana November 29, 2018*



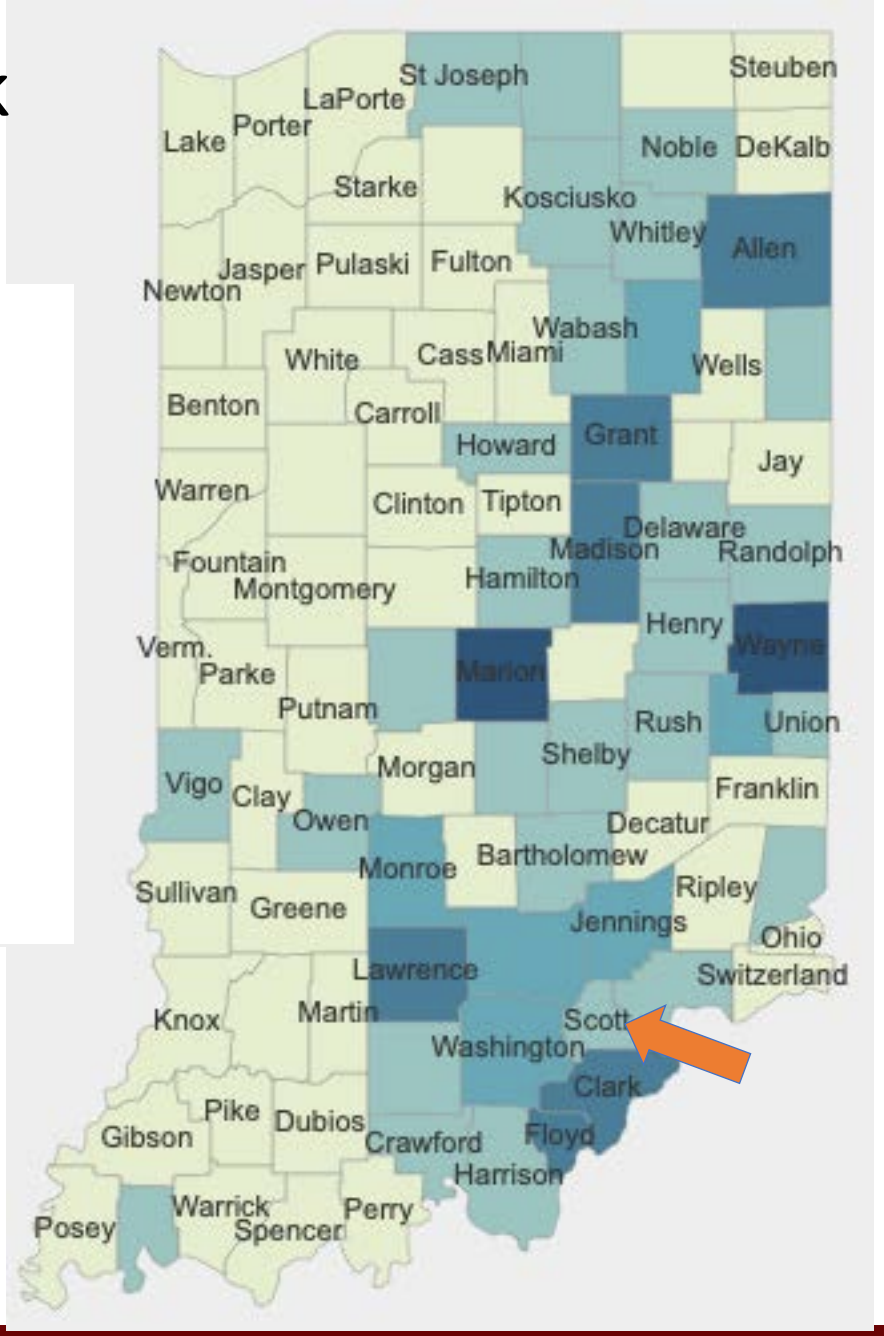
Total diagnosed=237 (237 confirmed). Persons were ineligible if deceased (n=7) or outside of the jurisdiction (n=2); estimates are based on the number of eligible persons (n=228); ** Patients engaged in care if have at least one VL or CD4 * Percent virally suppressed is stable at 77% when denominator changed to number engaged in care. Clinical services were initiated <u>3/31/15.</u>**

Indiana State Department of Health

Hepatitis A Outbreak 2017-2018*

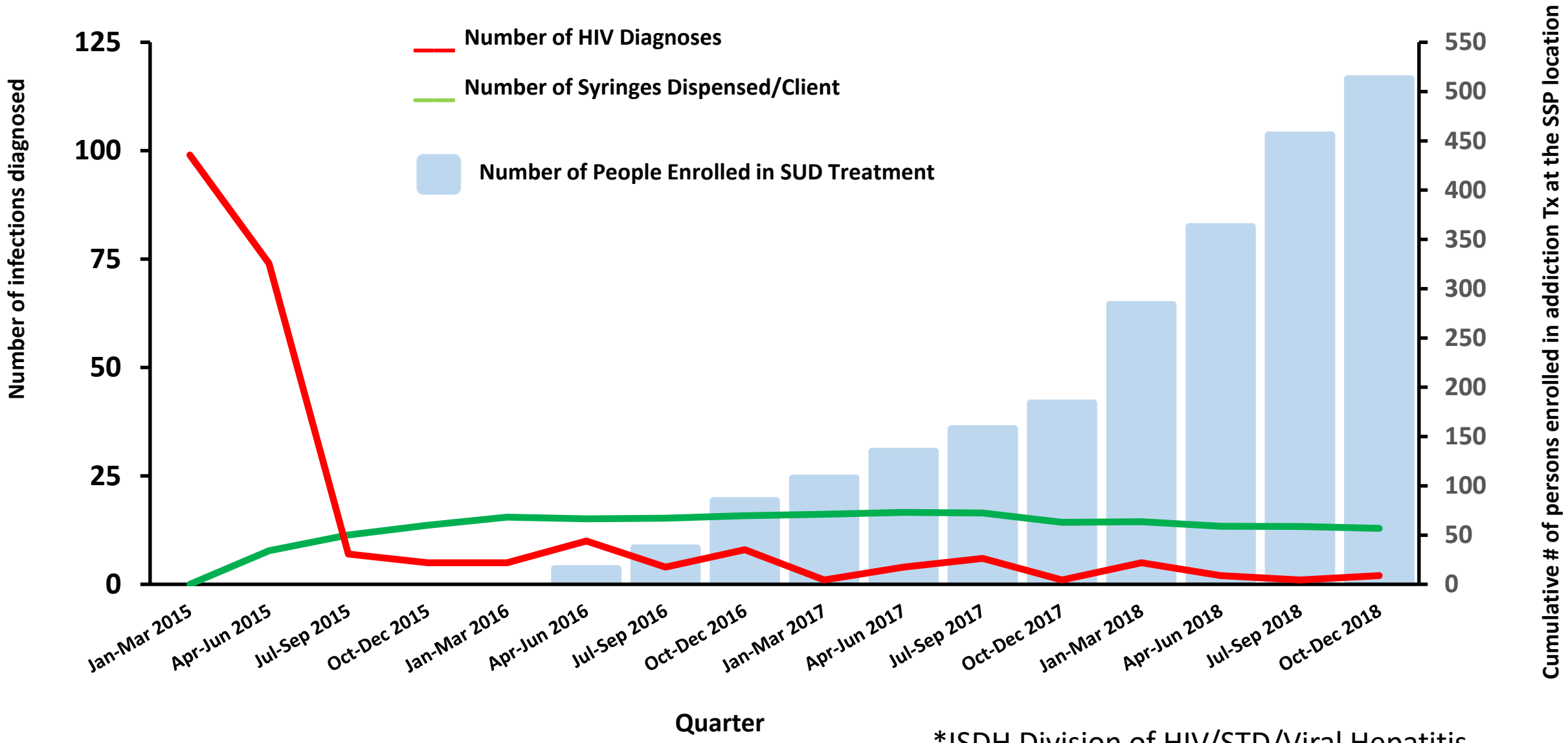
Hepatitis A Vaccinations Given by Scott County Health Dep't^		
Year	# Hep A Vaccines	# (%) given at SSP
2015	260	234 (90%)
2016	227	(57%)
2017	167	(83%)
2018	3,247	320 (10%)

^Scott County Health Department



*Indiana State Department of Health, Epidemiology Resource Center Provisional Data

HIV Dx*/ Syringes per Client^/Enrolled in Treatment for SUD#, Scott County SSP



*ISDH Division of HIV/STD/Viral Hepatitis

^Scott County Health Department

#LifeSpring Community Mental Health Center

Indiana Syringe Exchange Programming (SEP) Progress and Approvals (August 13, 2018)

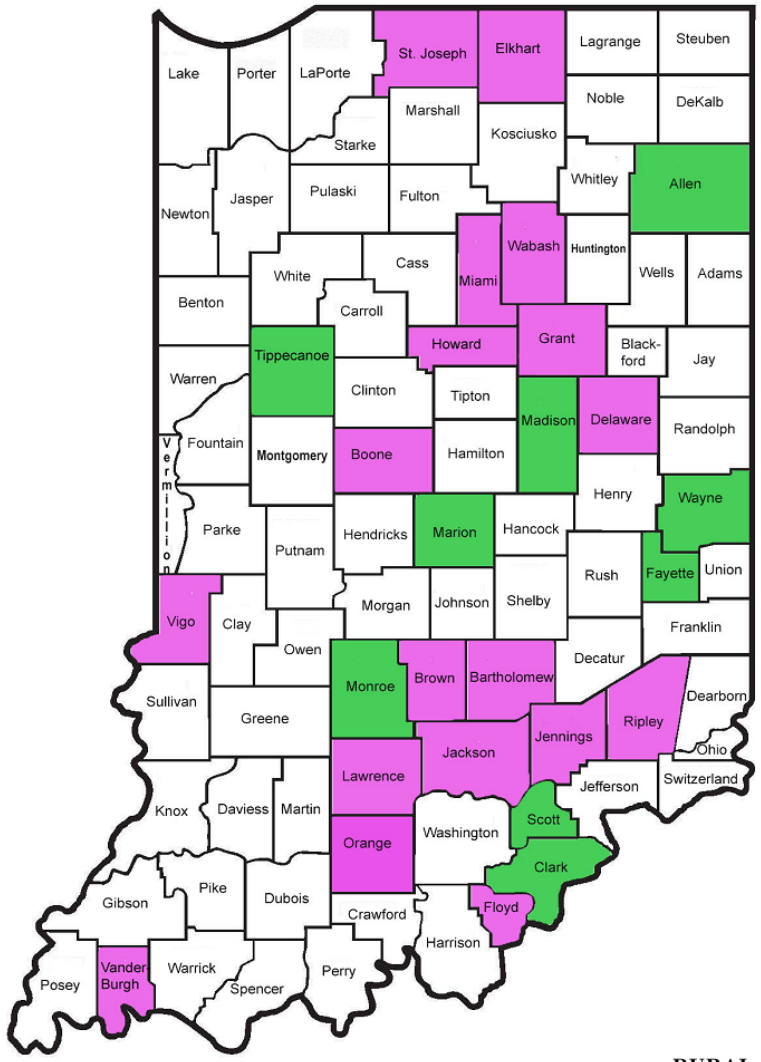
Operational SEP

Approved (State or Local)*

County health director declares Hepatitis C or HIV epidemic related to injection drug use

Community members working toward potential SEP

*State approval is no longer required as of July 2017 (IC 16-41-7.5-4)



RURAL CENTER FOR AIDS/STD PREVENTION
INDIANA UNIVERSITY
School of Public Health
Bloomington

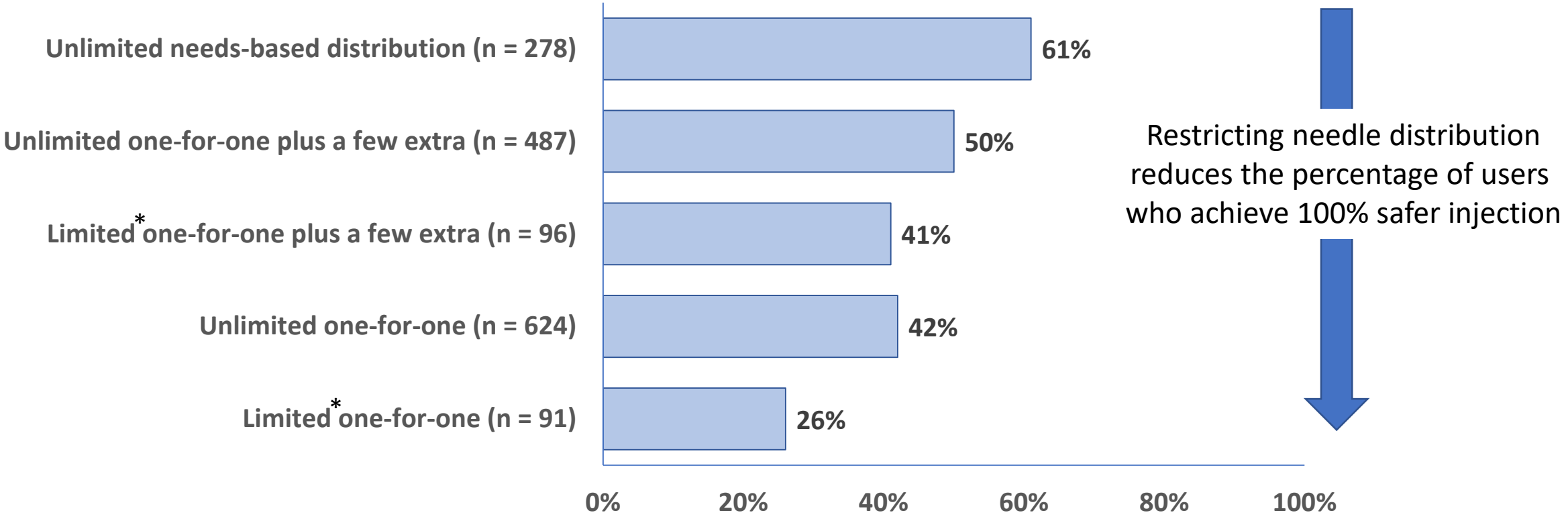
IN Syringe Exchange Programs

House Bill 1438:

- Evolution of initial SEP law approved in response to Scott County outbreak
- Allows a county or municipality to approve the operation of a syringe exchange program without state public health emergency declaration
- Retains state approval process and oversight

Restrictive SSP policies increase risk of infections

Percentage of clients achieving 100% injections with clean needles by distribution policy



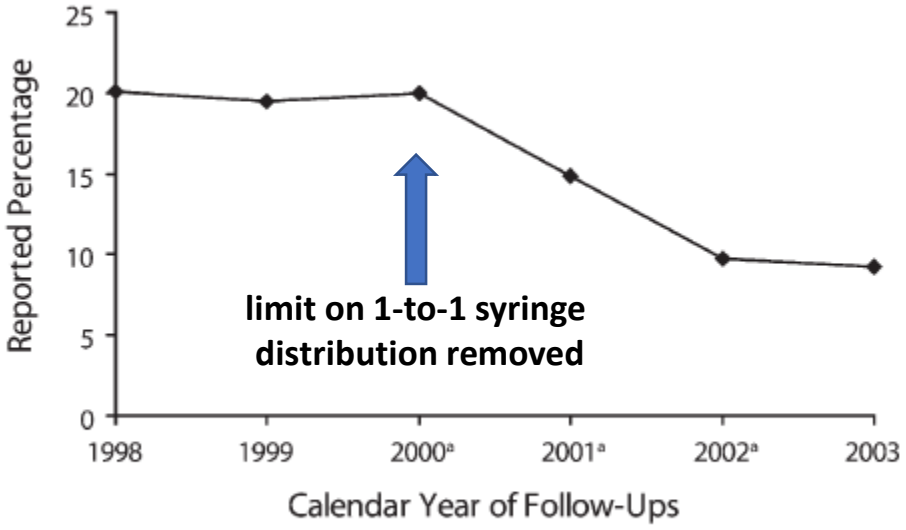
Blumenthal, 2007; Addiction, 102:638-646

* "Limited" = SSP imposed a per-visit cap on the total number of needles and syringes distributed

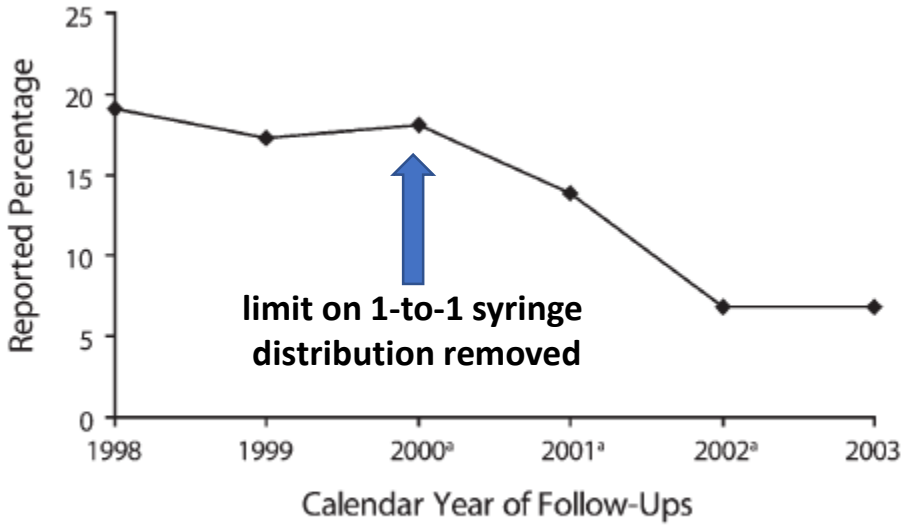
Removing “1-to-1” exchange policy reduces infection risks

Vancouver Injection Drug Users Study, Vancouver, British Columbia, 1998-2003

Syringe borrowing



Syringe lending



Kerr, 2010; Am J Pub Health, 100(8):1449-1453

IN THEIR WORDS

"There might be a 5 minute window, a 3 day window...where you can't get drugs, and if I call you today and say 'Please let me in a treatment facility' don't tell me to get a referral and wait a month from now. Who knows where I'll be. If I want to go today, get me in there. Do whatever you have to do...because if someone calls me before you call me back, I won't answer. I'll be gone."

"Why isn't every single physician that gets out of medical school able to prescribe MAT?...We need to start educating and training ... so we can get it put back into the regular healthcare system."

https://www.rmff.org/wp-content/uploads/2018/10/Richard-M.-Fairbanks-Opioid-Report-October-2018.pdf

THE CHANGING LANDSCAPE OF THE OPIOID EPIDEMIC IN MARION COUNTY AND EVIDENCE FOR ACTION

OCTOBER 2018

IUPUI
RICHARD M. FAIRBANKS
SCHOOL OF PUBLIC HEALTH

Strategies – Level of Evidence

1. *Outstanding* = There is consensus in the scientific literature that the strategy has the ability to obtain desired outcomes.

2. *Promising* = There is developing and/or weak evidence within the scientific literature to support the strategy's ability to obtain desired outcomes.

3. *Concerning* = There is no evidence within the scientific literature to support the strategy's ability to obtain desired outcomes OR there is scientific evidence that the strategy does not lead to desired outcomes.

Strategies – Risk for Serious Harms

1. ***Low***
2. ***Unknown***
3. ***High***

By combining the evidence for outcomes with the level of potential risk, we assigned grades/ratings to each strategy on an A-F scale, as follows **(Table 9):**

A = Outstanding evidence and low risk of harm

B = Promising evidence and low risk of harm

C = Promising evidence and unknown risk of harm

D = Promising evidence and high risk of harm

F = Concerning evidence and high risk of harm

TABLE 9: Strategy rating grid

Risk of serious harm	Evidence for reaching desired outcomes		
	Outstanding	Promising	Concerning
Low	A	B	n/a
Unknown	n/a	C	n/a
High	n/a	D	F

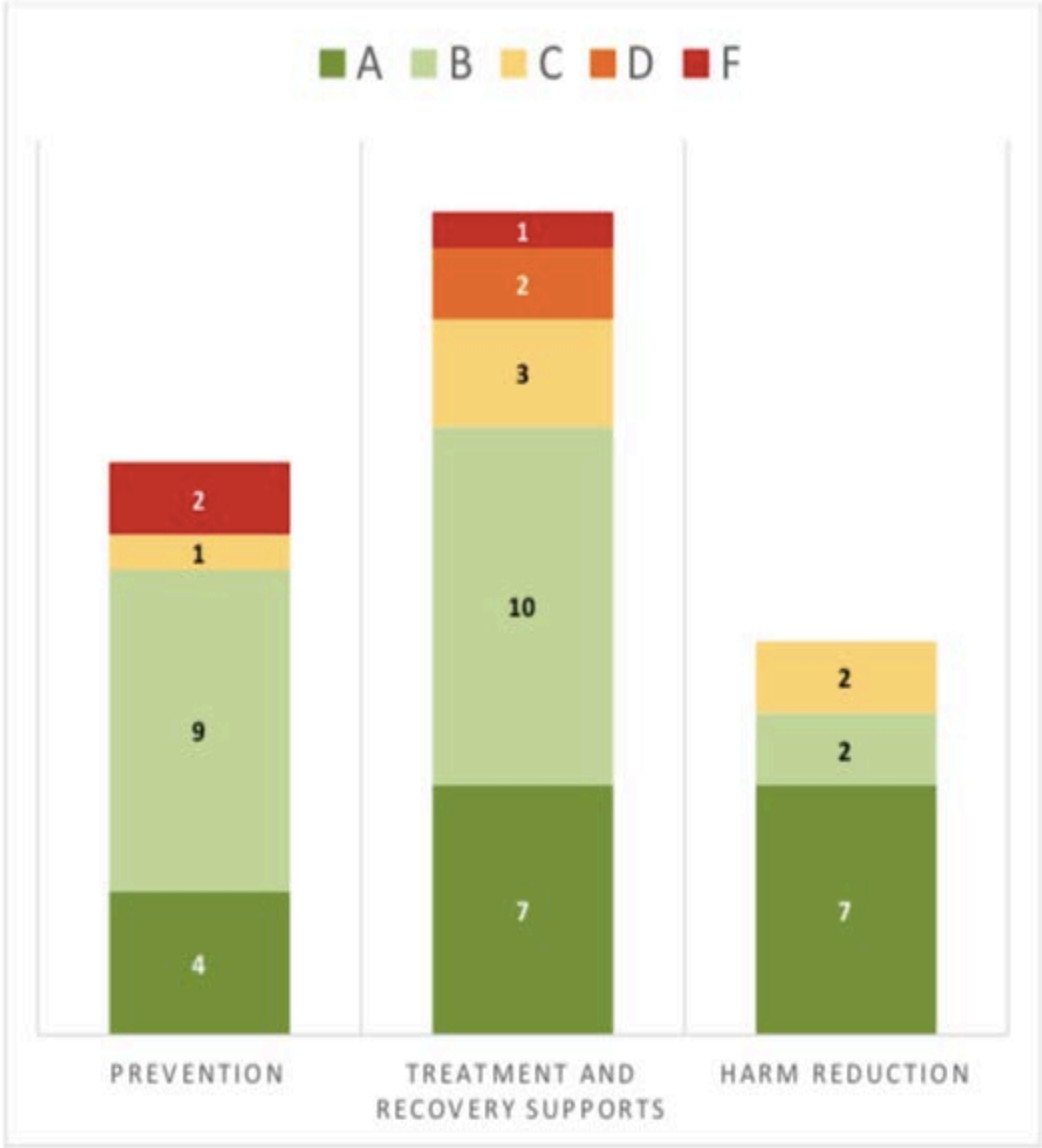
Strategies

1. Strategies aimed at **preventing** the onset of opioid misuse and/or opioid use disorder;

2. Strategies aimed at **treating** opioid use disorder; and

3. Strategies aimed at **reducing harm** for those who are not ready for treatment or those who are on the recovery path and at risk for returning to use.

FIGURE 25: Strategies by category and rating



A	**Strategies with outstanding evidence and low risk of harm.** Four (4) prevention strategies were A-rated.

1. **Prescription Drug Monitoring Programs (PDMP)**

2. **Several school-based programs** Some of the most successful evidence-based school prevention programs include the Botvin LifeSkills and Project ALERT.

3. **Family-based programs** The Strengthening Families Program-development of parenting skills and adolescent substance refusal skills, typically implemented with families of youth who exhibit high-risk behaviors.

4. **Drug take-back programs**

B	**Strategies with promising evidence and low risk of harm.** Nine (9) prevention strategies were B-rated. Many of these strategies fall under the banner of surveillance or monitoring programs.

1. **Drug Utilization Review**
2. **Drug diversion control practices**
3. **Overdose Fatality Review**
4. **Overdose Toxicology Surveillance**
5. **College Programs**
6. **Drug Free Workplaces**
7. **Prescriber Education**
8. **Opioid Prescribing Guidelines**
9. **Public Education Campaigns**

C	**Strategies with promising evidence and unknown risk of harm.** One (1) prevention strategy was C-rated.

1. Cannabidiol (CBD) oil

D	**Strategies with promising evidence and high risk of harm.** No prevention strategies were D-rated.

F	**Strategies with concerning evidence and high risk of harm.** Two (2) prevention strategies were F-rated.

1. **Drug paraphernalia laws**
2. **Overdose fatality/homicide laws**

A	**Strategies with outstanding evidence and low risk of harm.** Seven (7) treatment & recovery support strategies were A-rated.

1. **MAT**
2. **Jail/Prison-based treatment and treatment for pregnant women -** *only applies to those programs that employ MAT appropriately based on prescriber/client interaction and assessment*
3. **MAT primary care integration**
4. **Expansion of buprenorphine data waivers**
5. **Expanding coverage/payment sources**

B	**Strategies with promising evidence and low risk of harm.** Ten (10) treatment and recovery support strategies were B-rated.

1. **Opioid use disorder screening**
2. **Peer recovery coaches (PRC)**
3. **Emergency department (ED)-based initiation and linkage to treatment**
4. **Telehealth/Telemedicine**
5. **Pre-booking diversion programs**
6. **Employee assistance programs (EAPs)**
7. **Psychosocial interventions**
8. **Recovery-oriented systems of care (ROSC)**
9. **Recovery housing - only those that accepts MAT**
6. **Medication Assisted Recovery Anonymous (MARA)**

C	**Strategies with promising evidence and unknown risk of harm.** Three (3) strategies for treatment and recovery support were C-rated.

1. **The Bridge**
2. **Laws protecting pregnant women who use illicit opioids**
3. **Support programs for women with babies and children**

D	**Strategies with promising evidence and high risk of harm.** Two (2) strategies for treatment and recovery support were D-rated.

1. **Abstinence-only treatments**
2. **Narcotics Anonymous (NA)**

F	**Strategies with concerning evidence and high risk of harm.** One (1) treatment and recovery support strategy was F-rated.

1. **Involuntary treatment**

A	**Strategies with outstanding evidence and low risk of harm.** Seven (7) harm reduction strategies and laws were A-rated.

1. **Naloxone training and distribution programs**
2. **Take-home naloxone programs**
3. **Syringe services programs (SSP)**
4. **Supervised injection facilities (SIF)**
5. **Housing First (HF)**
6. **Expanded naloxone access laws**
7. **Good Samaritan/immunity laws**

B	**Strategies with promising evidence and low risk of harm.** Two (2) harm reduction strategies were B-rated.

1. **Pharmacy-based syringe access programs**
2. **Fentanyl test strips**

C	**Strategies with promising evidence and unknown risk of harm.** Two (2) harm reduction strategies were C-rated.

1. **Safe stations**
2. **Cannabis legalization**

D	**Strategies with promising evidence and high risk of harm.** No harm reduction strategies were D-rated.

F	**Strategies with concerning evidence and high risk of harm.** No harm reduction strategies were F-rated.

Deadly Misconceptions

- Opioids are the most effective method of pain management
- Opioids are safe because they are prescribed by a doctor
- Opioid addiction is a character flaw or moral weakness
- Using methadone or buprenorphine to treat opioid addiction is just replacing one drug with another
- Naloxone enables people to keep using drugs
- Needle Exchange Programs increase drug use

Key Informant Interviews

- 15 interviews
- LHD Staff, Law Enforcement, Emergency Medical Responders, Healthcare Providers, Elected Officials, Community Partners
- Madison and Scott Counties

Three Broad Categories with Recurring Themes

1. Engaging Community in Discussions about Harm Reduction and Syringe Services Programs
2. Supporting Those on the Front Line: Listening to Law Enforcement and Emergency Medical Personnel
3. Building Comprehensive Syringe Services Programs for Indiana Communities

Engaging Community in Discussions about Harm Reduction and Syringe Services Programs

"We feel like we start from square one every time it comes up for renewal"

1. Personal relationships are important

   "If people had known me better at the time, it may have gone better."

2. Listen

   "She's good at listening to other side and finding common ground."

   "Thank you for listening."

3. Co-exist

   "Important to focus on Community Health not just SSP. Focus on health, helping friends, family, it may help people to understand. "

   "Kids need positive role models, need to go to college. But there's no one to help them."

Engaging Community in Discussions about Harm Reduction and Syringe Services Programs

"What didn't happen very effectively is informing the community that we were in crisis mode. All they know is that we are giving out needles."

4. Describe the Problem Clearly, and Explain What Will Happen if Nothing is Done

   "I think the epidemic was blown out of proportion. One person who shared needles with other people…Press never did talk about numbers. Always just talked about epidemic."

5. Find and Use Trusted Advocates

   "Why would state and federal government recommend this to us? Facts spoke for themselves. Gov. and Jerome Adams made a huge difference."

   "People don't trust Public Health or Elected Officials. They trust Law Enforcement"

Engaging Community in Discussions about Harm Reduction and Syringe Services Programs

"We're all human. As people understand and put a face with this, it will help."

6. Communicate Effectively
   - Data- informed: Public Health, Healthcare providers
   - Experience- informed: Police, EMS, Elected Officials
   - Faith- informed: Faith Community – how to engage in harm reduction?

"Can win some people over using facts. Most significant tool is when it happens to your family."

"People are closet drug users 'til they get caught. Not my problem until it happens to my kid or grandkid. A good friend of mine has 3 grandkids with addiction."

Engaging Community in Discussions about Harm Reduction and Syringe Services Programs

"Media didn't help at all – almost every report showed needle on front cover. People believe what the media said."

7. Develop a Media Plan
   - Be out in front, not on defense
   - Use multiple forms of media
   - Shift spotlight from negative to positive
   - Engage people in recovery, and people who are actively using to share their stories.
8. Use social media cautiously

   "A few influential individuals will post scathing things: When they post things it's hard to combat."

   "Damage is done on Social Media. People post articles that are inaccurate. Fear mongering and putting out false information."
9. Avoid actions that will destroy trust

   "That was a nightmare. Thousands of syringes were handed out before the LHD had a plan."

Supporting Those on the Front Line: Listening to Law Enforcement and Emergency Medical Personnel

"We are here to help people and this burns you out and hardens you – overdose is like the elderly person who calls you at 3 am every morning for a lift."

1. Provide opportunities for conversation about SSP

   "Not sure what changed hearts and minds. I think seeing it first hand – lots of stories about how it operates."

2. Partner to provide Continuing Education

   "There's a fundamental lack of understanding about the disease of addiction, chronicity, grip on brain. Seen as making poor decisions in life."

   "I've never heard them say I'll get help. But once they get arrested, they ask for help. What really amazes me is that people say it takes 8 months for drugs to get out of their system. In jail that long, and get released, and they are doing it again. I don't understand the mentality of doing it again."

3. Find proactive ways for LE/EMP to help

   "Resource cards are our friends. Makes it easier for us. Feels like we're doing something. We want to help. If we don't have the resources, we can't. How many times have we run into situation where we can't do anything."

Supporting Those on the Front Line: Listening to Law Enforcement and Emergency Medical Personnel

"It's not all black and white anymore – it's all gray."

3. Listen to perspective

   "We have a totally different perspective. We are tempered steel. We think of stuff as black and white. It's not all black and white anymore – it's all gray. Our training and experience mold exactly who we are and what we think."

4. What they want
   - People in recovery
   - One to one exchange
   - Color coded needles to identify those from SSP
   - ID Cards that identify the holder
   - No needles on ground (No calls to pick up needles)

   "No way for LE to know if person is in a program or not. Even if they show the LE a card. Card doesn't represent a person."

   "It's not a one-for-one. If it is we shouldn't have so many needles on the ground. One laying in the ditch just the other day."

Supporting Those on the Front Line: Listening to Law Enforcement and Emergency Medical Personnel

"Still state law that you can't have needles – but if you're in SSP you can."

5. Educate about Harm Reduction

   "They're handing out over 100 a week. Almost have to shoot up constantly to use that many needles."

6. Educate about existing laws

   "Need to implement a section under paraphernalia – technically violates the law."

7. Advocate for consistent policy that is supportive of harm reduction

   "I think at state level: need to address paraphernalia laws. I get the argument. It creates problems. People toss needles because they're afraid. I wish we could get this addressed."

   "It may not be as rampant as it used to be, but we're still finding them. The ones I've picked up have been used. 7 out of 10 times they put the cap back on. People are telling me they throw them because they could be arrested."

Supporting Those on the Front Line: Listening to Law Enforcement and Emergency Medical Personnel

"Compassion fatigue. It sucks the energy out of you and everyone else."

8. First Responders at the Crossroads

   "If No accountability for who's receiving the needles and how many needles and no treatment offered – that would be the end of it… Every individual you help is a success. Not every individual you help is going to be successful in recovery. I truly don't see it as a numbers game."

   "I've been a little more educated on risk of catching diseases and reasons they're doing it. It just goes totally against my beliefs of sticking a needle in your arm."

9. EMP are particularly vulnerable to burn-out

   "Some say it's OK. That doesn't help us get over what we're seeing. Especially when kids are there on the floor surrounded by piles of feces when we respond to an overdose."

   "They never acknowledge being rescued."

Building Comprehensive Syringe Services Programs for Indiana Communities

"I wish people could understand how the community has turned around! We have accomplished all of this because of the SSP."

1. Comprehensive services for people who use drugs

   "Talk about benefits of one-stop shop and how good it is, all the services provided and how people wouldn't access services without it."

2. Syringe "Exchange" sets up impossible expectations

   "The SEP was just passing out needles. There was no link to services. It needs to be a true one to one exchange."

   "Now called HARP. Harm Reduction Program. The "exchange" word still sticks in people's minds. It's not an exchange – people can't reconcile that.

3. Call it what it is – much more than "syringe exchange"

   "This opens the door to conversation. 'That's just the same thing isn't it?' Well, no. Here is what happens at the One Stop Shop. It's like an after school program. Kids come in for cookies and koolaid. And leave with their homework finished."

Building Comprehensive Syringe Services Programs for Indiana Communities

"Every piece has to be there – prevention, counseling, treatment, having lots of services."

4. Access to Treatment is critical

   "SSPs must have opportunities for people to engage in treatment. Some believe that removing the risk of disease like HIV and HCV removes the incentive for treatment. People don't believe that SSPs gets people into treatment."

5. Information is not enough

   "They need to offer services. I get the harm reduction piece of it. We have to have people get enrolled in programs and get into treatment."

   "Most people want treatment. They know there's no place to go."

   "We need to work on the warm hand off. Opioid Response Teams."

Building Comprehensive Syringe Services Programs for Indiana Communities

"Local government doesn't have to do it alone"

6. Proactive Engagement with Community Partners (Asset mapping, Finger on Pulse)

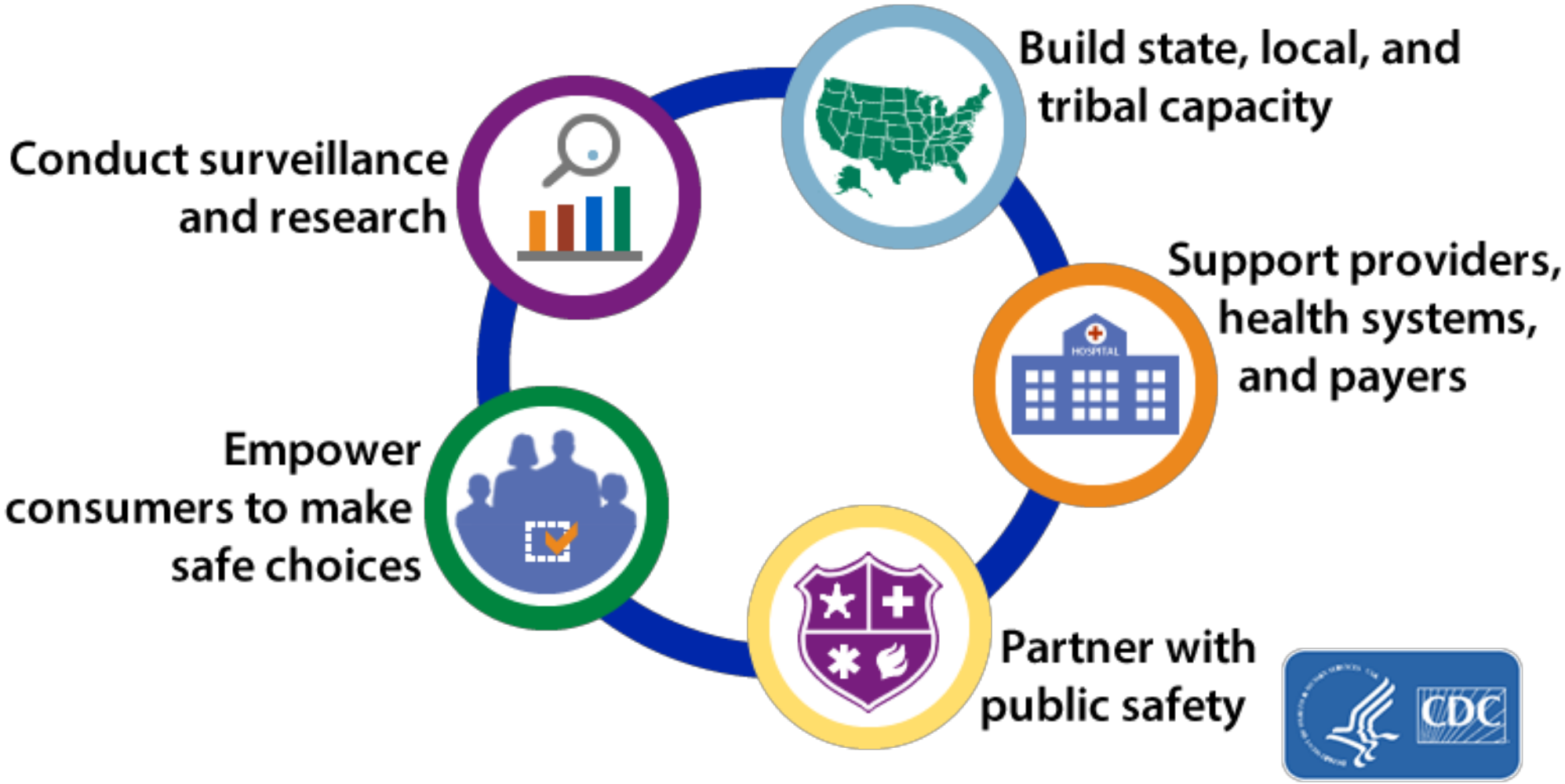
   "How can people develop partnerships within between local government and not for profits – getting everyone on same page. Nobody can do this on their own. Tap into community resources"

7. Securing Stakeholders is essential

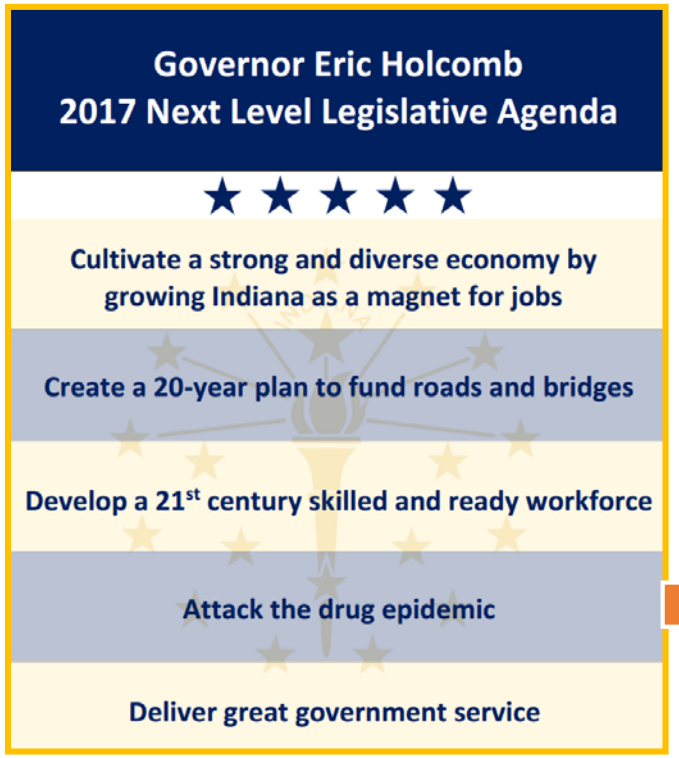
   "Perhaps having an advisory committee, with a public safety representative would help."

   "It is especially important to educate elected officials who will vote to approve the SSP or allow county resources to be dedicated to the SSP. Law Enforcement, criminal justice, and EMS must be engaged early and regularly."

Preventing Opioid Overdoses and Related Harms



What Indiana is Doing:



Attack the drug epidemic

- Create a position of executive director for substance abuse prevention, treatment and enforcement within the governor's office
- Limit the amount of controlled substances prescriptions and refills
- Local authority to establish syringe exchange programs
- Enhance penalties for those who commit pharmacy robberies

Treatment

1. OpenBeds
   - Help Hoosiers find inpatient treatment for substance use disorders.
   - Accessible by dialing 2-1-1 and online at www.IN211.org.
   - Links callers 24 hours a day with more than 70,000 social service agencies ranging from utility help to food assistance.
2. Expand access to outpatient treatment for Opioid Use Disorder
   - Expand Opioid Treatment Programs
   - OUD ECHO to train providers
3. Statewide Opioid Summit for County teams
   - Judges, prosecutors, public defenders, chief probation officers, law enforcement, child welfare workers, community leaders, and medical professionals

Treatment

1. Loan repayment programs for addiction treatment training HEA 1360 (2014)

2. Naloxone rescue liability protection for first responders and expansion of life-line law (SEA 227)

3. Naloxone rescue liability protection for lay savers (SB 406)

4. Indiana Medicaid formulary changed to increase coverage for addiction treatment medications

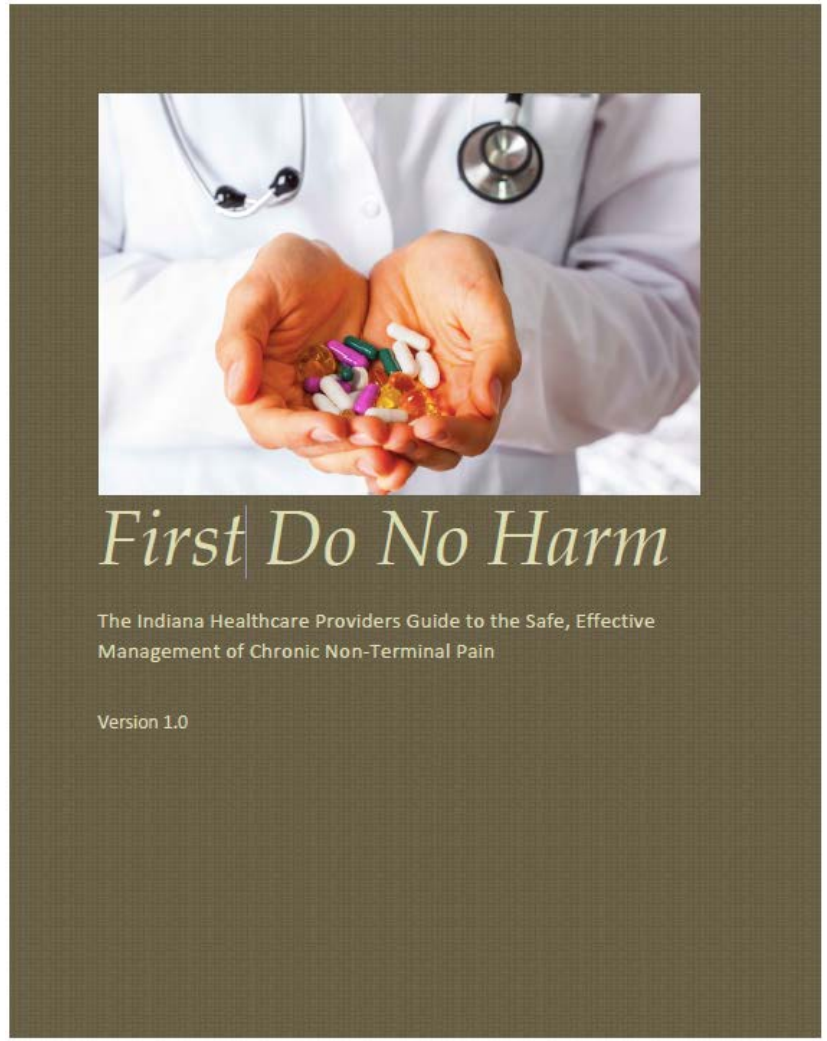
INDIANA PRESCRIPTION DRUG ABUSE PREVENTION TASK FORCE

Prescribing Opioids for Chronic, Non-terminal Pain (Medical Licensing Board)

- Emergency prescribing rules effective on December 2013, Permanent on November 2014

- Apply if patient has been prescribed, for more than three consecutive months: 1) >60 opioid-containing pills per month; or 2) A morphine equivalent dose >15 mg/day.

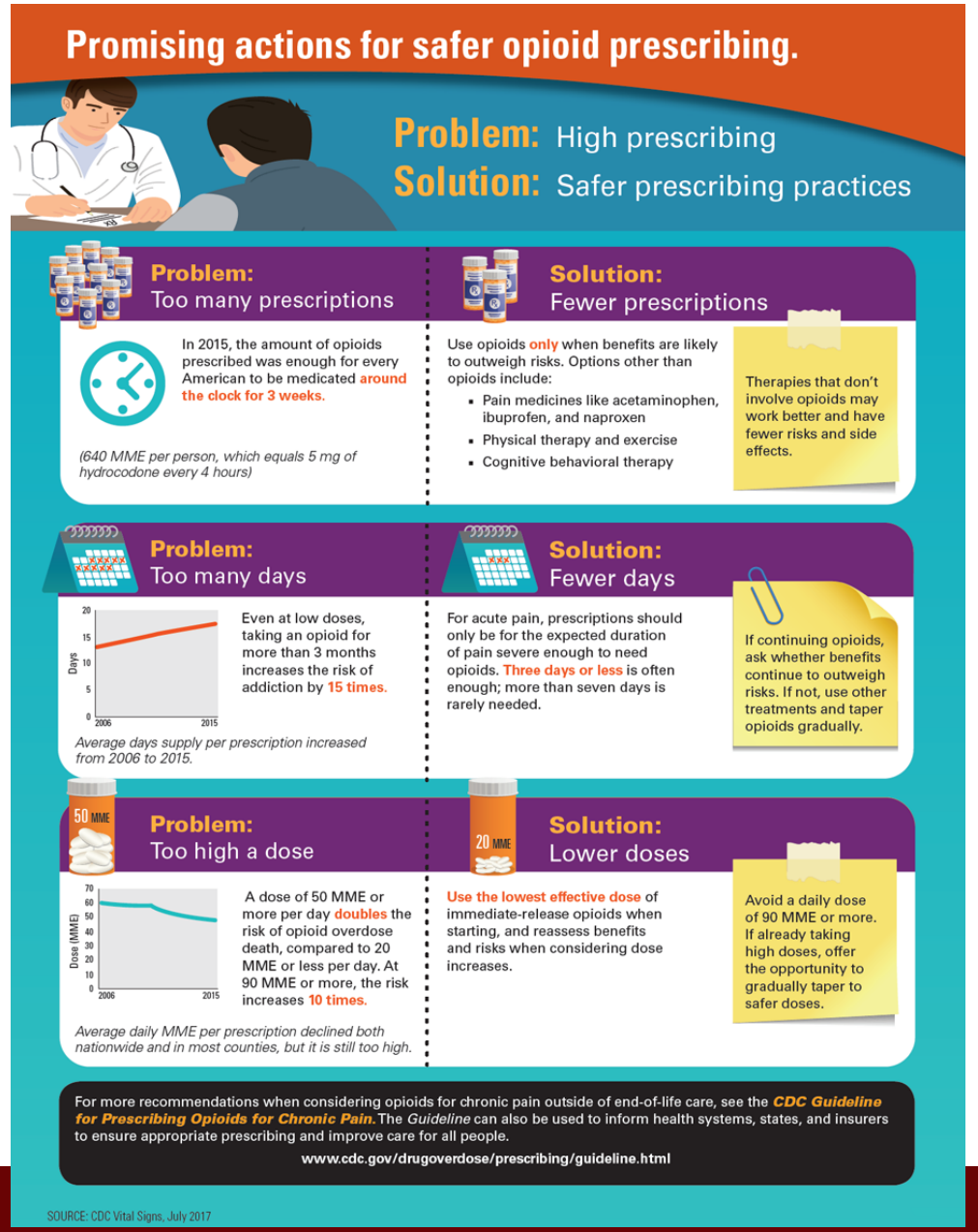
- Require prescribers to:
  - evaluate for pain, function, psychiatric conditions and counsel women of Child-bearing age;
  - Annually review patients' drug prescription history in INSPECT
  - perform regular drug screenings; and
  - obtain a signed controlled-substance agreement from the patient.
  - Reevaluate q 3-4 months. And when MME > 60 mg

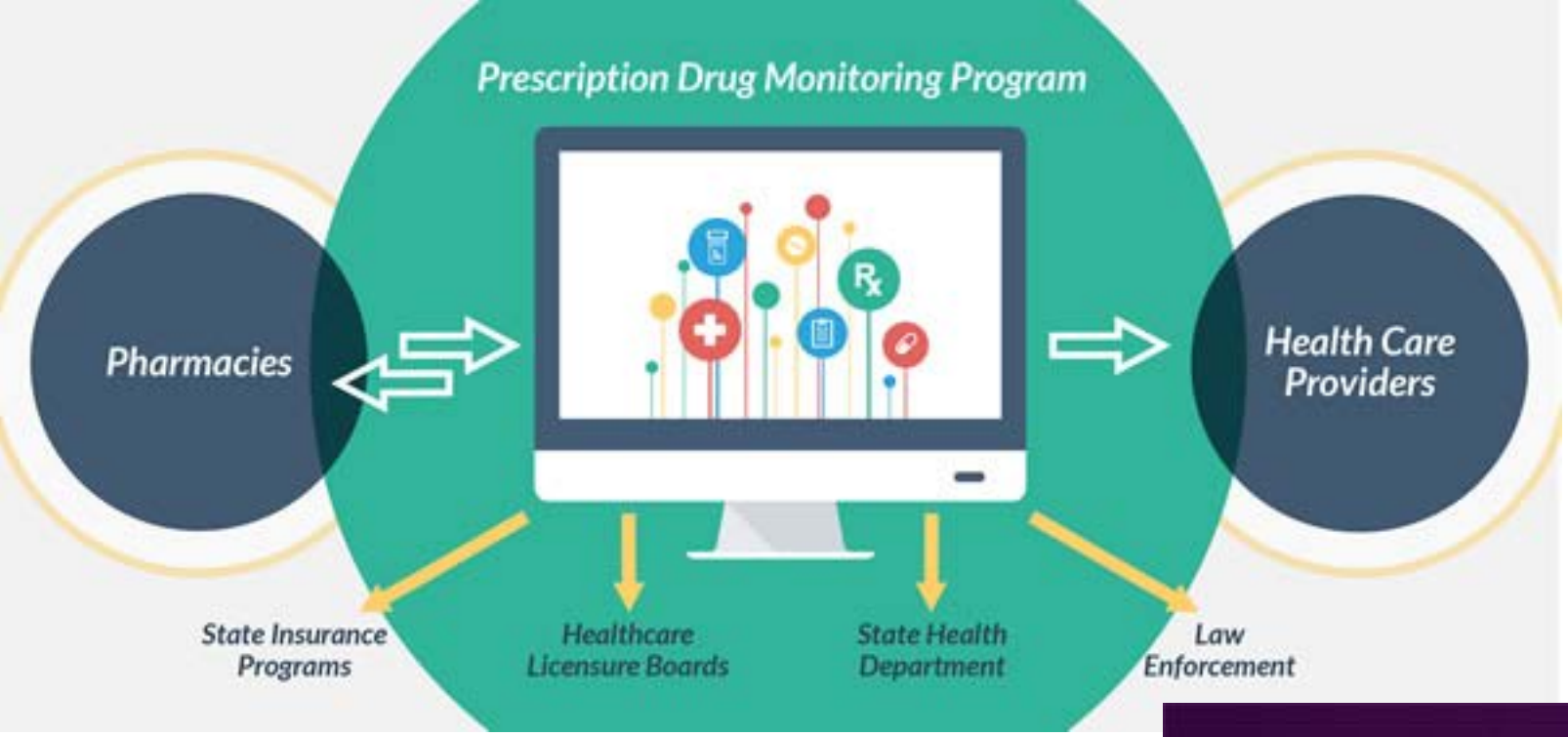


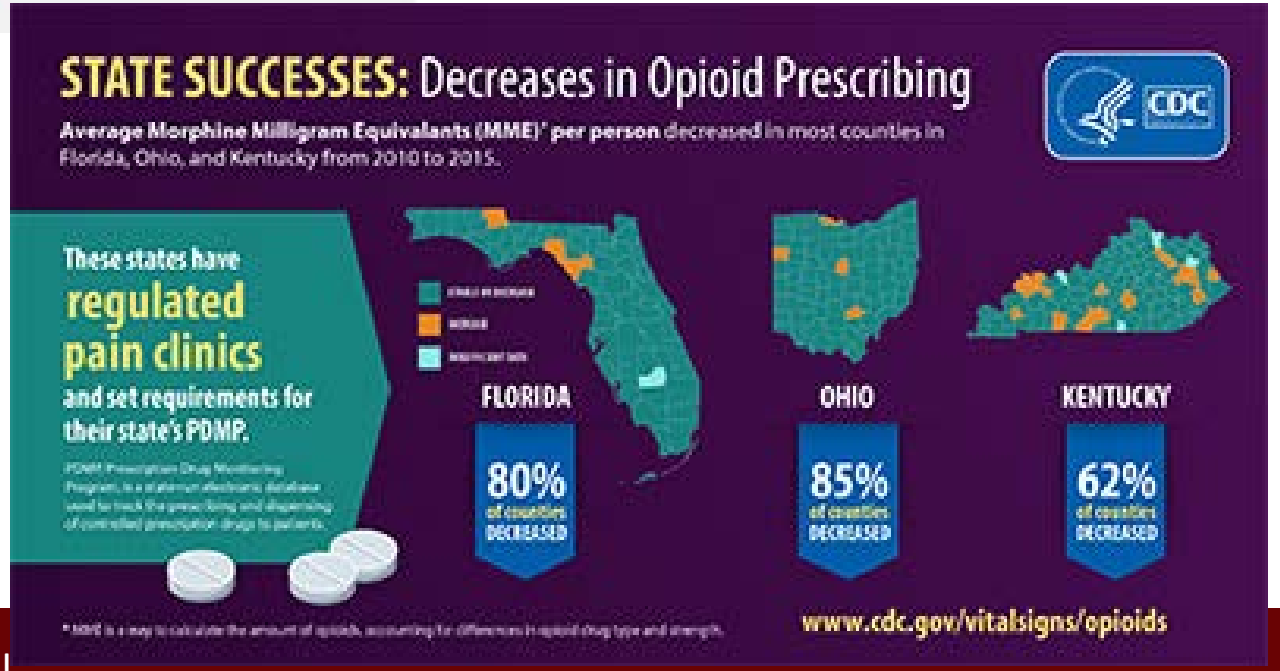
Prevention

Prescribing & Dispensing of Opioids Senate Bill 226

- Limits the amount of an opioid prescription a prescriber may issue for an adult who is a first-time patient or for a child
- Exceptions: Certain scenarios such as treatment of cancer, palliative care, treatment of substance use disorder, and the professional judgment exception
- <u>Important:</u> If professional judgment is utilized to prescribe for more than a seven-day supply, it must be documented.



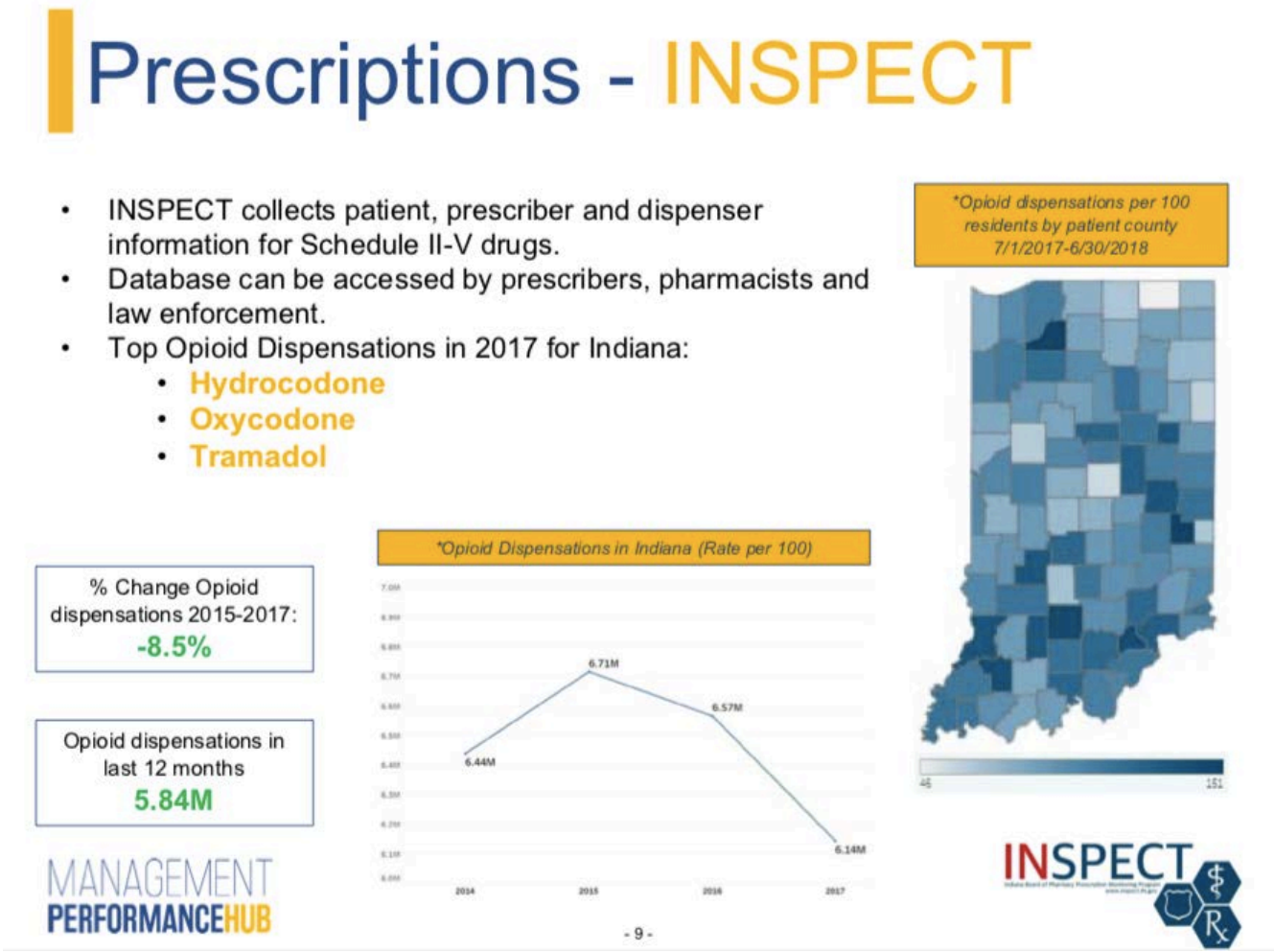




https://www.cdc.gov/drugoverdose/pdmp/states.html

Prevention - INSPECT

1. CSR fees provide sustainable support 100% of CSR fees to be used to maintain and operate INSPECT - HEA 1465 (2013)
2. Mandatory 24 hour reporting by July 2016 - HEA 1218 (2014)
3. Statewide Integration
4. Required use when prescribing controlled substances (phases in over 3 years)



Safe Drug Disposal

Drug Disposal Locator

AWARXE PRESCRIPTION DRUG SAFETY

- Buy Safely
- Dispose Safely
- Use Safely
- Pharmacist Resources
- **Drug Disposal Locator**

Within: 10 miles

Location: 46032

Use My Location

Sea

Permanent US drug disposal sites for consumers. Temporary "take-back day" and commercial dis listed. Want to add a disposal site? Learn more about how to safely dispose prescription drugs.

12 Drug Disposal Locations Found

https://nabp.pharmacy/initiatives/awarxe/drug-disposal-locator/?utf8=✓&distance=10&address=46032

Recovery

1. Indiana/ Indiana Chamber of Commerce Indiana Workforce Recovery Initiative
   - toolkit for employers to help re-engage people in recovery from addiction back into the workforce.
2. Peer Recovery Coach Training and Certification
   - Medicaid waiver to cover reimbursement for PRC services
3. Recovery Housing certified by DMHA
   - Must allow residents to use MAT

Syndromic Surveillance

1. Enhanced monitoring of ED visits for drug overdose
2. Early identification of potent drugs in community (eg products containing fentanyl)
3. Repositioning of naloxone for overdose response in community

Enhanced State Opioid Overdose Surveillance (ESOOS)

Opioid Overdose Prevention: Using Data to Drive Action

Drug overdoses have dramatically increased over the last two decades, and deaths from overdose have increased sharply since 2013. In 2016, more than 63,000 Americans died from drug overdoses. Of those overdose deaths, around 2 in 3 have involved a prescription or illicit opioid.

Timely, high-quality data are critical to help public health officials effectively respond to the opioid overdose epidemic. Data help officials understand the extent of the problem, focus resources where they are needed most, and evaluate the success of prevention and response efforts.

Enhanced State Opioid Overdose Surveillance

The Centers for Disease Control and Prevention (CDC) is funding 32 states and the District of Columbia to improve data collection efforts on opioid-involved overdoses through the Enhanced State Opioid Overdose Surveillance (ESOOS) program. This program helps states to:

- **Establish an early warning system** by using data from emergency departments (ED) and/or emergency medical services (EMS) to detect increases or decreases in nonfatal opioid overdoses
- **Integrate data from death certificates and unique medical examiner and coroner investigations,** including toxicology reports, on opioid overdose deaths to track multi-state trends or focus on overdoses in a single county to inform local prevention efforts. These data are compiled through the State Unintentional Drug Overdose Report System (SUDORS)
- **Share findings with state and national stakeholders** to inform their opioid overdose prevention and response efforts

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

OBJECTIVE

Improve the timeliness of fatal and nonfatal opioid overdose data for action and response.

SUPPORTING STATES

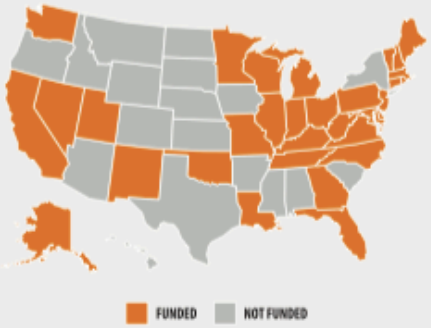
$11.8 million, with awards ranging from $233,000 to $626,000

12 states from 9/1/2016 to 8/31/2019

20 states and DC from 9/1/2017 to 8/31/2019

Current funding for 33 locations:

AK, CA, CT, DE, DC, FL, GA, KY, IL, IN, LA, MA, MD, ME, MI, MN, MO, NV, NH, NJ, NC, NM, OH, OK, PA, RI, TN, UT, VT, VA, WA, WV, WI

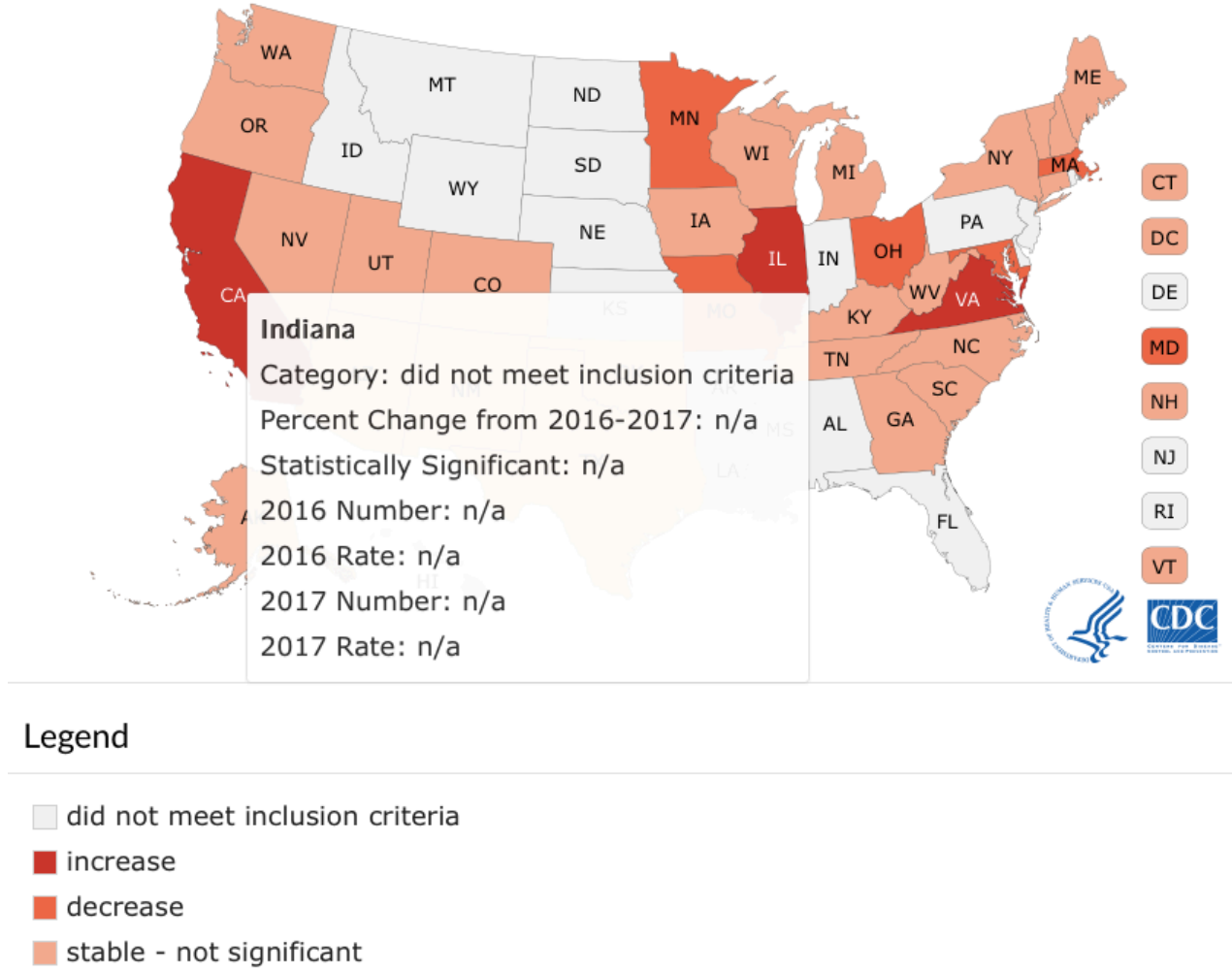


Monitoring

After July 1, 2018, coroners must

1. Check INSPECT
2. Perform toxicology tests
3. Report test results to ISDH
4. Notify ISDH of the death, including any information related to controlled substances.

Statistically significant changes in drug overdose death rates involving heroin by select states, United States, 2016 to 2017



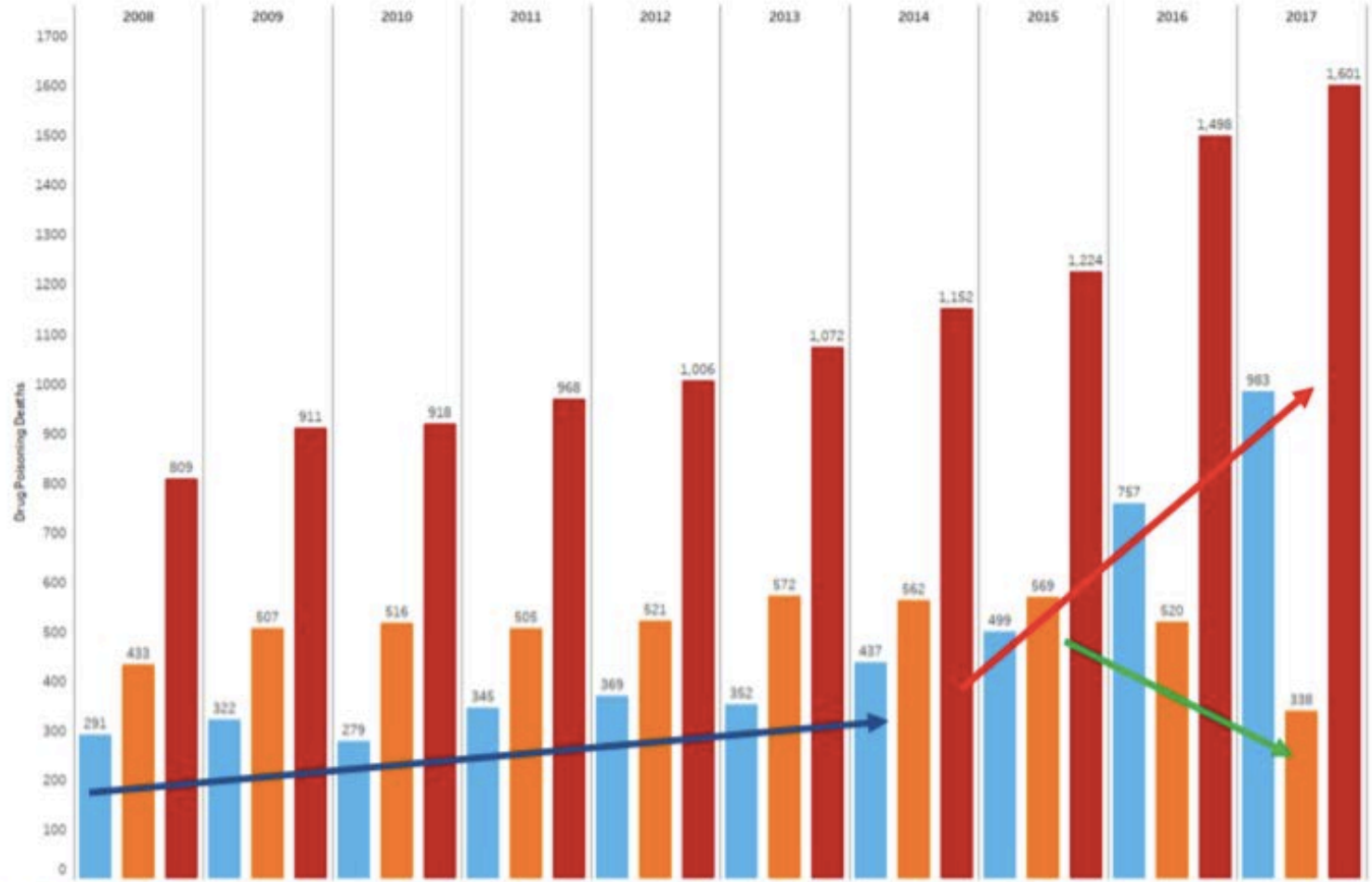
https://www.cdc.gov/drugoverdose/data/heroin.html

Drug and Opioid Related Deaths

% Change Average from 2008 to 2014
+42% (D)
+50% (O)

% Change from 2014 to 2017
+39% (D)
+97% (O)

% Change in Unspecified Drugs
-41%



*"Unspecified Drug(s)": Mortality caused by ill-defined or unknown substance(s)
*Provisional report of 2017 opioid-related deaths occurring in Indiana.

MANAGEMENT PERFORMANCEHUB

https://www.in.gov/recovery/know-the-o/1150.htm

Infant Mortality Initiative HB 1007

1. Creates and funds an OB Navigator program
2. Requires universal verbal screening for substance use disorder in pregnant women.
3. Requires providers to treat or refer pregnant women with SUD to treatment providers.
4. Prohibits sharing verbal screening results with law enforcement or DCS.

DMHA Humanizing Campaign

COMBATING THE OPIOIDS CRISIS

367%

increase in naloxone prescriptions per month from January 2017 to October 2018*

$2 BILLION+

in grants from HHS to states, tribes, and local communities to fight the opioids crisis in FY 2018

162

defendants charged for prescribing or distributing opioids and other dangerous drugs as part of the largest Healthcare Fraud Takedown Day in history

64%

increase in medication-assisted treatment patients at HRSA-funded community health centers

state waivers in Medicaid to expand access to inpatient options for substance-use disorder

From Jan. 2017 to Oct. 2018

21%

*increase in number of patients receiving buprenorphine monthly**

22%

*reduction in opioids dispensed monthly by pharmacies**

HHS.gov

* For more information see the full document at: hhs.gov/sites/default/files/2018-opioids.pdf

Addictions ... started out like magical pets, pocket monsters.

They did extraordinary tricks, showed you things you hadn't seen, were fun.
But came, through some gradual dire alchemy,
to make decisions for you.

Eventually, they were making your most crucial life-decisions.

And they were ... less intelligent than goldfish.

WILLIAM GIBSON, *Zero History*

Joan Duwve, MD, MPH

317-278-0754

jduwve@iu.edu